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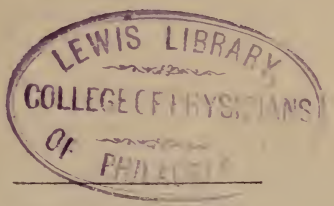
SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.



VOLUME I.

FROM NOVEMBER, 1841, TO AUGUST, 1846, INCLUSIVE.

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1846.

QUARTERLY SUMMARY

OF THE

TRANSACTIONS

OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

NOVEMBER AND DECEMBER, 1841, AND JANUARY, 1842.

The College of Physicians of Philadelphia was instituted towards the close of the year 1786; the first stated meeting, after its full organization, was held on the 2nd of January, 1787. About two years afterwards an act of incorporation was obtained from the Legislature of Pennsylvania. It is believed to be the oldest College of Physicians in the United States, and among its founders and early members, it includes some of the most eminent physicians that our country has produced.

The objects of the association, as expressed first in the Constitution and afterwards in the preamble to the charter, are "to advance the science of medicine, and thereby lessen human misery, by investigating the diseases and remedies which are peculiar to this country; by observing the effects of different seasons, climates and situations upon the human body; by recording the changes which are produced in diseases by the progress of agriculture, arts, population, and manners; by searching for medicine in the American woods, waters, and in the bowels of the earth; by enlarging the avenues to knowledge from the discoveries and publications of foreign countries; and by cultivating order and uniformity in the practice of physic." In order more fully to accomplish these important objects —to encourage and stimulate its members to their more zealous pursuit, the College, agreeably to the recommendation of a committee, consisting of Drs. Condie, B. H. Coates, Parrish, Bond, Moore and Pepper, appointed at the stated meeting in June, 1841, resolved, at the stated meeting in September ensuing, to publish a bulletin of their transactions, after the example of other scientific bodies, who have adopted the practice with so much advantage to their own interests, and that of science generally.—At the meeting in Novem-

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ber, Drs. Condie, Parrish and Bell were appointed a committee to carry this resolution into effect. It is hoped that the result of adopting this course, will be to revive that spirit, which actuated the college in its earliest years—to encourage the number and value of the communications of its fellows—to prompt a more punctual attendance, and to ensure to the institution, by more fully deserving it, that prominent place in the public respect and confidence to which it has heretofore been deemed to be entitled. There is no law in this State establishing a medical police, or regulating the practice of medicine ; but so far as these functions have been exercised, it has been chiefly done by this College. It is the body to which reference has generally been made by the Governor of the Commonwealth, and other civil authorities, including the Board of Health, on the occurrence of alarming epidemics, and upon important questions of medical jurisprudence.

Considering the relation which Philadelphia holds to the rest of the country in regard to medical education, and the position in which this College is placed in relation to the medical profession of this city ; considering what similar institutions are doing in some parts of Europe, both honor and duty would seem to demand that this body should mingle more earnestly in the honorable competition, to add to the usefulness and lustre of the profession.

The College has been in operation fifty-five years, and the several offices have been successively filled as follows:

Presidents.

John Redman,	Thomas Parke,
William Shippen, Jr.,	Thomas C. James,
Adam Kuhn,	*Thomas T. Hewson.

Vice Presidents.

John Jones,	Samuel P. Griffiths,
William Shippen, Jr.,	Thos. C. James,
Adam Kuhn,	Thomas T. Hewson.
Samuel Duffield,	Joseph Parrish,
Thomas Parke,	*John C. Otto.

Secretaries.

James Hutchinson,	J. Wilson Moore,
Samuel P. Griffith,	Samuel Emlen,
Thos. C. James,	Charles D. Meigs,
Thomas T. Hewson,	*Henry Bond.
Joseph Parrish,	

Treasurers.

Gerardus Clarkson,	Thomas C. James,
Samuel Duffield,	J. Wilson Moore,
Benjamin Say,	*J. Rodman Paul.

Censors

John Morgan,	Thomas T. Hewson,
William Shippen, Jr.,	P. F. Glentworth,
Adam Kuhn,	*Henry Neill,
Benjamin Rush,	Edwin A. Atlee,
Samuel Duffield,	Joseph Parrish,
Thomas Parke,	J. C. Otto,
James Hutchinson,	*George B. Wood,
Caspar Wistar,	*Charles D. Meigs.
S. P. Griffiths,	*J. Wilson Moore.
William Currie,	

*Present officers of the college.

Stated Meeting of the College, November 2nd, 1841, *Dr. Hewson, President, in the chair.*

Dr. Parrish read the following "*Annual Report on Surgery:*"

In presenting the annual report on Surgery, the writer must plead his recent appointment, and the absence of any precedent to guide him in the preparation of such a report, for the defective manner in which the duty is accomplished.

Without attempting to enter into minute details of the various new ideas, and improvements, which the retrospect of the past year might furnish—he will merely attempt briefly to sketch, some of the more important features which mark the present era of Surgi cal Science. And first it may be stated, as a general remark, that the progress of the science in some of its departments, has been remarkably rapid within the past few years—not a few novel operations have been devised, which have added greatly to the resources of the art, and have tended to elevate it in the scale of importance. A gradual advance is also apparent, in the principles which regu late the treatment of Surgical diseases.

The office of inflammation, as a means of repairing injuries, or in other words, the distinction between inflammation, as a destructive process, and as a means of cure, appears to be now generally understood and appreciated.

The necessity of counteracting the sudden impression produced by violent injuries, by the use of opiates, stimuli, and other appropriate constitutional measures, is also generally conceded—as well as the importance of supporting the system, by nutritious diet and tonics, during the process of reparation, in extensive surfaces.

Opium as a means of allaying pain, is also very generally employ ed in the treatment of surgical cases and before operations; the dread of its stimulating properties, once so general, having nearly passed away, at least within the sphere of our inquiries.

Simplicity of dressing and apparatus in the management of wounds, fractures, &c., seems to be preferred to complicated contrivances; tight bandaging is less employed than formerly; while rest and position are more urgently insisted upon.

Much attention has recently been devoted by surgeons to the constitutional treatment of Surgical diseases, and many improvements have been introduced, which have rendered a resort to painful and mutilating operations less frequent. The scrofulous affections of the glandular system, which form a large class of tumours, as well as diseases of the joints, and other portions of the body, are treated with more certainty of success than formerly. The introduction of Iodine and its preparations has been supposed by many to have contributed greatly to this result. Without controverting this point, it may perhaps be affirmed, that the more rational and comprehensive views which prevail in reference to the influence of hygienic measures in counteracting the tendency to scrofulous diseases, and in averting their progress when formed, have had a most salutary effect upon the practice. Much discussion still prevails in reference to the treatment of syphilis. The mercurial and non-mercurial practice as applied to primary chancres, have each powerful advocates, and many facts are adduced in corroboration of both systems.

The advocates of the latter method, are said to be gaining ground in France and England, and not a few are to be found in this country. In the treatment of secondary symptoms, we believe, however, that Mercury is cautiously employed by both classes of practitioners.

The publications of Ricord, of Paris, on this subject, have exerted a powerful influence on modern opinion, both in Europe and in this Country. This Surgeon has devoted himself with peculiar assiduity to the investigation of the nature and treatment of syphilis. His opportunities for this purpose have been ample, and perhaps it may be said, unsurpassed by any of his contemporaries. He has charge of a large venerial hospital, with an average number of 150 patients, besides many out-door patients, together with a very extensive private practice in this class of affections. The opinions of such a man are certainly deserving of marked attention; and we cannot more appropriately carry out the intentions of the present report, than by presenting a brief abstract of them, as derived from an intelligent medical friend, Dr. Lang, who but a few months since, enjoyed the advantage of instruction from this eminent teacher.

Mr. Ricord divides Syphilis into three classes of symptoms, viz.: the primary, the secondary, and the tertiary. He has incontestibly shown by inoculation, that of these symptoms the primary alone are contageous, the others being capable of being transmitted by inheritance alone. The primary symptom, *chancre*, in some of its forms, ought never, according to Mr. R.'s system, to be attacked by mercury in any form, but should be treated by local means. Should the patient apply to the surgeon within the first five days of the existence of the chancre, he should attempt its destruction by

cauterisation, which should be as deep as prudent, in order, if possible, to convert the chancre into a simple ulcer. If he does not succeed in this, or if the disease has existed a longer time than that mentioned, he should attempt, by frequent superficial cauterisations, and dressings with aromatic wine, gradually to modify its surface, and in this way he will usually cause the ulcer to heal without any constitutional infection. Mr. R. thinks the chances of secondary disease are much increased by the administration of mercury. The reasons he gives for this are, that mercury has a powerful antiplastic effect, and thereby prevents the healing of the chancres, and moreover, that it stimulates the absorbents to carry the virus into the system. Mr. Ricord asserts that there is no authentic case on record of a chancre, destroyed within the first five days of its existence, giving rise to constitutional symptoms. Under the head of chancre are of course included those ulcerations which follow the opening of virulent buboes. Nothing is of greater importance in the treatment of chancre, than frequent dressings, as the pus acts, if allowed to remain, as a permanent cause of disease; the dressings should, therefore, be renewed three or four times a day, or even oftener, according to the abundance of the suppuration.

In the regular uncomplicated chancre, the local treatment usually suffices, but should it have a tendency to become indurated, the induration frequently prevents cicatrisation, and even if it does cicatrise, the induration remaining, the patient cannot be considered as cured. Mr. Ricord considers the induration as an evidence that the constitution has become affected, and in order to prove this, he frequently leaves a large number of those in his wards who are affected with indurated chancres, without general treatment, and sooner or later the secondary eruption makes its appearance, although in many cases the chancres had healed, leaving the induration which only yielded to the treatment for the secondary affection. If this position of Mr. Ricord be true, and it would seem to be so from his experiments, it is easy to account for the assertion of Hunter, that every truly syphilitic chancre must be followed by the general infection unless treated by constitutional remedies. As Mr. Hunter considered the indurated chancre as the only one truly syphilitic, he and Mr. Ricord are of the same opinion.

The phagedenic chancre is a variety which Mr. R. has found the greatest difficulty in curing. He says that he has known it to last for years without, however, ever giving rise to the secondary disease, unless it has become indurated, which he considers a fortunate thing, as it will then yield to the general treatment. During the time Dr. Lang was attending the hospital, there were several phagedenic chancres in Mr. R.'s wards which had resisted every kind of treatment usually employed, some of them had lasted from six to eight months. Having heard something of the treatment of chancres by the Tincture of Iodine, he determined to

apply it in these cases, and he was delighted to find that without exception they all improved under its use, and in a very short time were all cured. This led him to make a systematic course of experiments on the use of this preparation in chancres in general; his results did not, however, show any particular efficacy in cases of common chancre, but where there was any tendency to a phagedenic character its employment was followed by the happiest results.

Secondary Symptoms. The secondary symptoms according to Mr. Ricord's division, includes all that well known class of diseases of the skin, and mucous membranes of the mouth, nares, &c. which closely follow the primary affection, such as maculous, papulous, squamous, and pustulous eruptions, mucous tubercles, &c. &c. &c. When the chancre becomes indurated, he thinks it a sufficient evidence of the contamination of the constitution, and immediately commences the mercurial treatment, united to the use of sudorifics, particularly sarsaparilla, which however, he thinks has but little effect, and he only gives it on account of the vulgar prejudice in its favor. The form of mercury that he prefers for internal administration is the protoidide, which he gives in pills, containing one grain each. He commences by one pill every evening, and gradually increases if he finds that the dose is not sufficient, never, however, increasing as long as the patient is benefited by the dose he is giving. Salivation he thinks, should by all means be avoided, and if the mouth becomes affected the remedy should be suspended, to be recommenced when the salivation is cured. In addition to the general treatment in the mucous tubercle, Mr. Ricord uses a wash of the Solution of Chloride of Soda (Labarraques) and then sprinkles the tubercles with dry Calomel; he considers this as a truly specific treatment, and ususually cures the local symptom by it in the course of a fortnight. In syphilitic Iritis, with the mercurials should be used antiphlogistics, belladonna, and in fact, all the remedies used in the same disease when not dependent upon syphilis. Opium is much used by Mr. R. wherever there is irritability or pain accompanying any symptom.

Tertiary Symptoms. This class of symptoms is generally developed very long after the primary disease; some of the cases occur even after the lapse of twenty or thirty years. The most common tertiary symptoms are; deep seated tubercles of the skin and mucous membranes (syphilitic lupus,) osteocopic pains (syphilitic rhumatism,) periostitis, osteitis and its consequences, caries and necrosis, nodes, &c. &c. Mr. Ricord says that the mercurial treatment which is of little use, and often even hurtful in the primary disease, during the period of progress, becomes a powerful agent as soon as the induration commences, and shows its greatest efficacy when the characteristic secondary affection is at its height, again losing in a great measure its curative properties in the tertiary symptoms. The medicine which he considers as specific in this class of symptoms is the Iodide of Potassium, and in many of the

symptoms it has effected a most rapid cure. Frequently Dr. Lang has seen patients enter the hospital, who had suffered for months the most intense agonies from syphilitic rheumatism, rendering sleep almost impossible, and who by the use of this medicine, have generally been relieved in the short space of four days, and generally within a week. Another of the symptoms in which it has appeared to be particularly beneficial, is the deep ulceration of the throat which follows the submucous tubercles of this part and so frequently carries away a great part of the soft palate. The progress of these ulcers is generally stopped in the course of two weeks and they then speedily heal. Mr. Ricord usually commences with this medicine in the dose of thirty-six grains and increases it eighteen grains about every four days, provided its effects are not produced. His mode of administering it is in solution in hop tea made with an ounce of hops to the pint of boiling water, which is allowed to infuse for four hours, he then adds 36 grains of Iodide of Potassium which is taken in the course of a day. The only effect produced by the medicine besides the cure of the disease, is an increase in the appetite of the patient. In a few rare cases it will produce a little gastric irritation or a diarrhœa, and the dose should then be lessened. It is used in all the tertiary symptoms with great benefit, but in those which I have mentioned its effects are surprisingly rapid.

There are some cases of constitutional syphilitic disease, which cannot be classed either with the secondary or tertiary symptoms, but partake of the character of both: these cases are most advantageously treated, according to Mr. R., by combining the mercurial treatment with that by the Iodide of Potassium.

During the past year several new operations for the cure of de formities have been introduced amongst us.

Much attention has recently been bestowed upon this branch of Surgery, especially in Germany, where the operations referred to have originated—and so important are the results of these investigations deemed, that the relief and cure of deformities has been erected into a speciality under the name of Orthœpedic Surgery.

The division of tendons, muscles, and fasciæ, is now extensively practiced, in cases where mechanical measures alone have heretofore been relied on. Many cures are reported as having been performed, in the several varieties of talipes or club foot, by division of tendons which it is thought would have resisted mechanical means, or would have been a much longer time under treatment, if trusted to these means alone. On the other hand, it has been asserted, that a properly constructed apparatus will accomplish all the ends which the division of the tendon can effect, in a period equally short, and with less injury to the limb. Without hazarding the expression of an opinion on this subject, it may safely be asserted, that much of the evidence on both sides of the question, lacks that certainty, and philosophical accuracy which should distinguish medical testimony.

Cases have been reported as cures, long before sufficient time had elapsed, for the ordinary operations of nature to effect those changes in the form and of the limb, to adapt extensive surfaces which had been distorted from birth, to such a condition, as could alone justify us to pronounce the case as cured.

Many Surgeons, charmed with the novelty and simplicity of the operation of dividing a tendon, and delighted with its immediate effects, have been led into hasty reports of success, which perhaps their more mature consideration, would scarcely justify. It is by time and more enlarged observation alone, that the value of this operation can be tested, and that its claim to be ranked amongst the improvements of Surgery can be established.

The method of operating now generally pursued was devised by Stromeyer of Hanover, and is certainly both safe and ingenious. The operation of dividing the tendo achillis, is not new, it was first performed under the direction of Thilenius, an Italian, in 1784, and was repeated by Satorius, Delpech, and Stromeyer. The latter Surgeon has, however, been chiefly instrumental in awakening general attention to it, and in extending the cure of other deformities.

Dr. Detmold, formerly of Hanover, now of New York, was amongst the first who operated in this country, and by his report of cases published in the American Journal of Medical Science, for May, 1838, the attention of American Surgeons was generally awakened to the subject. From that period, to the present time, the operation has been extensively practiced, both here and abroad, and many reports of its results have been published.

The division of muscles has been practiced in the deformities of the lower extremity, beside club-foot, as also in that distressing affection, called wry neck.

Another operation which has excited a very general interest, is that recently devised by the celebrated Berlin Professor, Dieffenbach, for the cure of Strabismus.

The account of this operation reached us about the middle of the past year, since which period it has been practiced in a great number of cases. The results are said to have been most gratifying, and the failures rare. The testimony afforded upon this subject, has also been of a doubtful character, many cases having been reported through the newspapers and other unprofessional channels, before sufficient time had elapsed, to test the actual results of the operation. From reports which can be relied on, however, there seems to be no doubt, that some cases of strabismus have been cured, and that the operation may be ranked among the improvements of modern Surgery; while it is equally true, that its indiscriminate application to all cases, is absurd and highly detrimental to the best interests of science.

It is also to be remarked, that the short period which has elapsed since the introduction of the operation, does not enable us to judge with precision of the ultimate effects, which the division of one or

more muscles of the eye, may have upon the actions of the rest. May not the division of the internal rectus, for instance, produce a tendency to eversion of the eye ball, under the action of the opposing muscle, long after the immediate effects of the operation have passed over? It is said, that this result has occurred in some instances. How far it is to be apprehended in other cases, time alone must determine.

We shall notice one other operation of still more modern date, being the product of the present year. We allude to the operation for stammering, also devised by the Berlin Professor, Dieffenbach. This consists in an incision carried completely through the tongue, at its root. Three methods are described by the Professor. First: The transverse horizontal division of the base of the tongue. Secondly: The subcutaneous transverse division, leaving the mucous covering undivided. Thirdly: The horizontal division, with excision of a wedge shaped portion of the tongue. All of these methods were experimented upon, and the last alone considered as adequate to the end in view.

When we consider the extreme vascularity of the tongue, together with the great difficulty of arresting hemorrhage issuing from it, we need not wonder that extensive operations upon this member, have ever been regarded by Surgeons in a serious light, and justifiable only in cases where the life of the patient is in jeopardy.

It is, therefore, truly surprising, that an operation so formidable as that under consideration, should be attempted for the relief of a defect, extremely inconvenient and distressing, it is true, but not injurious to the health of the individual. A defect too, which in a large proportion of cases, is dependent upon habit, or upon peculiar states of mind, and is to be remedied by a protracted system of mental and moral discipline, with appropriate vocal exercises, rather than by a resort to so dangerous an expedient.

The inventor's own estimate of the dangers of the operation are thus stated: "It can never be performed, says he, by any one who has not the temperament of an operator; the hemorrhage must hold all others at a respectable distance. The extent and importance of the operation, the possible danger to life, or loss of the tongue, through a want of skill in the assistants, who may tear it, when so nearly separated, or from mortification or ulceration of its connecting isthmus—these are contingencies rationally to be feared, and which must be carefully weighed beforehand."

And yet with these "rational fears" before him, the Professor hesitates not to recommend the operation, and Surgeons of eminence, in France and England, are rash enough to act upon the suggestion, even at the risk of human life. And this too, when the results of the operation are doubtful, and before sufficient time has elapsed to pronounce with certainty upon them. No account of the operation of Dieffenhach having been performed in this country, has

reached us, and we hope, for the honor of American Surgery, that no respectable operator, will attempt it.

In hinting thus briefly at the several new operations introduced for the cure of deformities, we cannot withold the expression of sincere regret, that this department of surgery, which however useful in its place, is still subordinate to the higher aims of the science, which consists in the cure of those various surgical diseases, involving the life or limbs, without a resort to the knife, should be magnified into undue importance, and seized upon by the unprincipled and ambitious, as a means of exciting popular attention towards themselves.

Within the past few years, the records of Surgery have been defaced by the most extravagant accounts of the success of tendon cutting, and other operations to cure deformities. Take the following heading as an example: "Subcutaneous section of forty-two muscles, tendons or ligaments, practiced the same day, on the same person, to cure a general articular deformity, by M. Jules Guerin," of Paris.

Cases have been reported as cures, long before sufficient time had elapsed, to pronounce them as such, according to the fixed cases of nature, and the legitimate deductions of reason. Thus it is, that the confidence of the profession on medical testimony is weakened, and the permanent progress of the science is impeded.

We cannot close this subject, without a brief allusion to several novel operations, which have originated in our own city, although they do not belong to the particular period under review.

We shall first designate the operation of Dr. Rhea Barton, for the cure of a most distressing deformity of the lower extremity, from inflammation of the knee joint, resulting in anchylosis. This operation has excited the admiration of Surgeons both here and abroad. and may well be ranked among the recent brilliant triumphs of Surgical skill—it consisted, as is generally known, in excising an angular portion of the osofemris, a few inches above the knee-joint, the apex of the triangle, being on the lower surface of the bone, and the continuity of its shaft being preserved, by a thin ledge of bone, which was left untouched.

The loss of this triangular piece, presented of course two cut surface of bone, and a considerable vacuity, increasing in width from the apex to the base of the triangle; these two surfaces, were now gradually approximated, and as they approached each other, the leg, which was bent at right angles with the thigh, was extended, union between the bony surfaces took place, and as it progressed, the limb was placed in a position occasioning the least deformity and inconvenience to the patient, and enabling him to use it with facility, for all the purposes of locomotion.

We do not attempt here an accurate description of the operation, but must refer the Fellows to the American Journal of Medical Science, in which a full report of the case will be found.

A most ingenious operation for the cure of recto-vaginal fistula has also been devised by the same Surgeon, within a short period, for an account of which we must also refer to the same Journal.

Dr. B. H. Coates read a communication, on the moral grounds for the condemnation of Quackery, &c.

Dr. B. H. Coates also communicated, verbally, a case of Typhoid Fever, with ulceration and discharge of fecal matter from the umbilicus, without hernia, in which, however, no autopsical examination was permitted.

Stated Meeting of the College, December 7, 1841, *Dr. Fox in the chair.*

Dr. Parrish read the following "*observations on a change of voice following extirpation of the tonsils.*"

About four years since, I assisted my late lamented father in operating upon a young girl, in her 13th year, who had been for several years sorely afflicted with enlarged tonsils. The glands were readily and successfully excised by the circular knife, ring and spear, known as Dr. Fahnestock's instrument. That is, the face of the tumours was removed, leaving a broad raw surface, which granulated and cicatrized, contracting the glands to at least their usual size. The result, as far as the inconvenience and danger arising from the tumours were concerned, was perfectly satisfactory, and the patient has since enjoyed an immunity from suffering from this source. It was not long, however, after the operation, when she was observed to have a peculiar shrill, nasal twang in pronouncing certain words, which so modified her voice, as to be exceedingly unpleasant to herself and friends.

As the patient was just approaching the age of puberty, it was hoped, that some change might occur, in the voice, at this period. This hope however was not realized, and the same shrill, whistling sound is still observable in a voice naturally soft and well toned. The young lady is now in her 17th year, possessed of considerable personal attraction, and is well educated. Such a defect is of course, a source of mortification, as well as of considerable inconvenience.

The cause of this defect of speech appears obvious, by an examination of the posterior part of the mouth.

It will be remembered, that the anterior and posterior half arches are separated from each other by the space which is appropriated to the tonsil glands, and that this space widens as the soft palate approaches its points of insertion upon the sides of the throat. Any increase or diminution in the normal size of the gland which occupies the space between the arches must, of course, widen or contract it. In cases where the glands are much enlarged, the relative po-

sition of the two arches is greatly altered, the posterior nares is much diminished in volume, and both the respiration and the voice suffer as a consequence.

The general effect of the removal of the tonsils is, therefore, immediate and surprising relief to both of these functions. If however, after a portion of the tonsil gland has been removed by an operation, the edge of the anterior half arch should contract an adhesion to the remaining portion of the gland, and be dragged down with it, as it contracts or diminishes in size, it is evident, *Firstly*, that the space between the arches, on the side of which this occurs, would be diminished. *Secondly*, that the mobility, and free muscular movements possessed by the vellum pendulum palati would be impeded, and *Thirdly*, that the correspondence between the movements of its two sides would be destroyed.

Ocular inspection in the case under consideration revealed this state of the parts. The soft palate is drawn slightly to one side, as it were, by an adhesion to a small portion of the gland which occupies the space referred to; the anterior half arch being much thickened from chronic inflammation, and from its cohesion to the gland.

During the past summer, while in attendance upon a family in Cherry street, I noticed the same peculiarity of voice in a young female of the age of 17 years, which existed in the case just cited. I was immediately curious to inquire into the cause of it, and found that several years previously the tonsils had been excised. Since which time the defect had existed.

On examining the mouth I found but little trace of the glands; but on one side an adhesion had formed such as has been described, together with a thickening of the membrane, which effectually cramped the movements of the vellum, and diminished the opening of the posterior nares into the throat.

Since my attention has been directed to this subject, I have in several instances observed adhesions to exist between enlarged tonsils and the edge of the soft palate, before any operation had been performed. In these cases the patients had suffered from attacks of acute tonsillitis, of which these adhesions were probably the result. Would not the extirpation of a tonsil thus confined, be followed by the condition of parts here pointed out, unless the adhesions were first liberated? In one instance, I was deterred from the operation for fear of this result. And should it be necessary to perform it, the probability of a change of voice after the operation ought to be taken into account. So far as I know, the attention of surgeons has not been directed to this peculiar pathological condition, and to its effect upon the function of speech.

The subject is certainly deserving of attention, and is now introduced to the College in the hope of eliciting further information. The part which the soft palate plays in modulating the voice, is perhaps not accurately determined; it is well known, however, that

its integrity, and freedom of motion in its muscles, are necessary to the perfection of this important function. In a recent elaborate memoir upon the mechanism of the voice presented to the French Academy of Medicine by Dr. Bennati, physician to the Italian Theatre of Paris, and himself a musician, it is asserted, that the soft parts of the larynx exert a most important influence in modulating sound. And he has investigated with considerable minuteness the effect of certain diseases of these parts, in modifying the notes of speech, more particularly in singers. It is well known, and the observations of Beunate, abundantly confirm the fact, that aphony, either partial or complete, is frequently produced by a pathological condition of the mucous membrane of the soft palate and pharynx without any obvious disease of the larynx, or the parts more immediately concerned in the production of sound. Thus even an elongation of the uvula, accompanied as it generally is with a relaxed condition of the palate, is known to effect the strength of the voice very materially, and even sometimes to prevent its prolonged exercise in public speaking or singing.

The same is true of enlargement of the tonsils. The distension produced by these tumours, not only has a tendency to impede respiration, and thus seriously to affect the general health of the individual, but they obstruct the passage of air upward from the larynx, and prevent that freedom of motion in the muscles of the soft palate by which the isthmus of the throat is expanded or contracted in the production of the various sounds of speech.

So obvious is this change of voice, that it almost forms of itself a pathognomic symptom of the affection, and may often serve to indicate its existence, before the throat is examined.

The cavity of the nose exercises also a marked influence in the modulations of the voice, as is proved by the effects induced by polypi or other obstructions in the anterior or posterior nares.

These hasty and desultory observations, are intended to call the attention of the college to the fact, that the soft parts and cavities which they surround, situated above the cartilages and ligaments of the larynx, are intimately connected with the faculty of speech; and that diseases occurring in these regions produce very important effects upon the voice, which might, without due caution, be referred to some structural lesion in the larynx itself. The particular defect of voice, to which I have called the attention of the college, as occurring after the extirpation of the tonsil glands, has not, so far as I know, been d escribed, nor have authors treated of the probability of a change o f voice as a consequence of the operation.

If the observations made in the two cases reported be correct the subject is one of grave importance, and well worthy of farther elucidation. I confess my own inability to explain how it is, that the peculiar states of the parts exhibited in these cases should produce the singular modification of the vocal sounds, which exists, nor is it in my power to describe, exactly in what that modification consists.

The similarity of the two cases, both as relates to the sound of the voice, and to the state of the soft parts upon which I have ventured to suppose the defect depends, appeared to me sufficiently striking to justify the inference which I have drawn, or at least to offer it for the consideration of the college, in the hope that additional facts, derived from the personal experience of the members, might be adduced, which would either confirm or invalidate the conclusion to which my own mind has arrived.

Dr. Bond inquired whether Dr. P. had ever met with a similar change of the voice in any case in which excission of the tonsils had beenperformed subsequent to puberty, and suggested whether the peculiar tone of the voice in the cases related had not occurred from the operation causing an arrest in that change of the vocal organs which occurs about the period of puberty.

Dr. Condie remarked, that although he has repeatedly seen the operation for excission of enlarged tonsils performed, (often it is true without any very decided or permanent advantage)—he has never remarked the peculiar change in the voice referred to in the paper read by Dr. Parrish and hence presumed that it must have arisen from some peculiar circumstances attendant upon the operation in cases related. If by the nasal tone, said to be observed in these cases subsequent to the operation, is meant the change in the tone of the voice to which the term nasal is usually applied, as this has been shown to be produced invariably by an impediment to the free passage of the air through the nostrils, it renders, he remarked, the phenomena observed in the cases related the more curious and interesting.

Dr. B. H. Coates inquired if the Doctor had remarked, in either of the cases related, whether there was any difficulty experienced by the patients in the utterance of any particular words or letters, as this might probably throw some light upon the nature of the change produced by the operation, in the vocal organs.

Dr. Parrish replied, that the cases related are the only ones he has met with in which the nasal one of the voice was observed to follow the excision of the tonsils; that he had not made any observations upon the ease or difficulty with which the patients uttered the various elementary vocal sounds; he was assurred, however, that one of the patients was unable to read, with any satisfaction, aloud, or to sing. That notwithstanding he had applied the term nasal, to the peculiar modification in the voice in the cases related, it being strictly such—it nevertheless differed from that change of the voice caused by a occlusion of the nostrils—it was of a very peculiar character—a hissing or whistling sound, which though somewhat difficult to describe was very striking to the ear.

Dr. B. H. Coates made a verbal communication in reference to tumours occurring under the papilla of the breast. And also on the use of common sewing needles in forming the hare lip sutures in cases of wounds of depending parts.

LIBRARY OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA

Stated Meeting of the College, January 4, 1842. *Dr. Morris in the chair.*

Dr. Morris read the following account of "*a case in which death resulted from an abscess behind the pharynx,*" noticed by him verbally at the meeting of October last.

Mrs. P., of delicate constitution, slight person, and pallid complexion, aged 25 years, about the middle of the 9th month of utero gestation, consulted me on the afternoon of Thursday, the 7th of May, complaining of a slight degree of soreness of the right side of the neck, about half way between the angle of the jaw and the clavicle. There was when I saw her some fever, which had been preceded by a slight chill. On Tuesday she had fatigued herself by an unusually long walk, and on Wednesday had ridden into the country, and spent a considerable time on the damp ground, walking and standing. There was no external swelling, nor was there any redness or other indication of inflammation of the tonsils or pharynx.

A smart saline purgative subdued the fever, and relieved her so much, that on Saturday she was able to attend to her domestic duties, and spent the evening with much enjoyment in the family circle. A severe chill on Sunday morning ushered in a renewed attack. The fever was very high. There was a slight degree of swelling and redness of the soft palate and uvula, no external swelling, and no enlargement of the tonsils. Bleeding was proposed, but postponed in compliance with the prejudices of the patient. An active saline cathartic was administered, and a common gargle directed. On Monday morning I found she had passed a sleepless night, sitting in the lap of her husband, from her dread of strangulation should she lie down. There was a slight cough and much greater difficulty of swallowing than could be attributable to the apparent condition of the throat, which was examined with great care, the tongue being depressed, and the mouth well opened. The heat of the skin was very great, but without any redness, the circulation was rapid, and the countenance expressive of distress. Bleeding was now insisted on and practiced promptly and largely, without, however, affording any decided relief. Leeches were applied to the throat in the afternoon, and morphia administered at night, much of the restlessness of the preceding night, and of the dysphagia being ascribed to the excitable condition of the nervous system, owing to her approaching accouchment; respecting which she had much anxiety, excited by the death of an intimate friend in childbed a short time before.

Tuesday morning found her with an increase of all the symptoms; she had passed a sleeples snight; her pulse was very rapid, soft, and voluminous; the heat of the skin very great. She was unable to raise the natural tones of her voice; the uvula was slightly swollen, and there were some small deposites of lymph upon it. There was a little cough. I bled her again freely, but without any mitigation

of her symptoms; she drank with tolerable ease, but was unable to swallow solids, or to lie down. There was no apparent increase of swelling, and nothing visible which could account for the great difficulty in swallowing. The tongue was clean and pallid. The common gargles were used freely and promoted an abundant discharge of mucus from the fauces. She took during this day, Tuesday, freely of gruel and some ice cream. Morphia was again resorted to in the hope of procuring sleep at night; and though the symptoms were of so anomalous a character, no apprehensions were excited of an unfavorable result. Wednesday morning found her with entire aphonia, slight cough, and utter inability to swallow; the fever was unabated; the bowels had been freely opened by cathartics given the previous day. Gargles were applied with a Syringe, and always with some relief, and frequently she was able to swallow small portions immediately after their use. I examined the fauces and the neck at each visit, but without being able to ascertain any cause for the urgency of the symptoms; a blister was applied to the throat and the gargles were employed as before; and as there was no marked difficulty of breathing or other symptoms indicating urgent danger, an anodyne was given, and she was left for the night. About 11 o'clock labor commenced, and Dr. Hodge was summoned to see her at my request. There appeared at this time an abatement of all the symptoms; she lay quietly on her left side, slept between the pains, which were regular and efficient, and spoke freely with her natural tone of voice. Dr. Hodge retired to rest, and I remained with her during the greater part of the night. Towards morning there appeared to be a cessation of the expulsive effort, although the uterine contractions occurred at the usual intervals, and Dr. H. was called to see her. The heat of skin was at this time so great, and the pulse so voluminous and rapid, that Dr. H. suggested the propriety of further blood letting; it was not however put in practice; but about 7 in the morning of Thursday, the head presenting naturally and at the lower strait, the pains being suspended, the forceps were applied, and she was promptly and safely delivered. The placenta was soon expelled, the uterus contracted firmly, and not more than ten or twelve ounces of blood were lost. The volume and force of the pulse at the wrist was instantly reduced, but its frequency remained undiminished. We remained with her some hours endeavoring to procure the passage of some food into the stomach, but ineffectually. She could sit up, allowed a weak solution of Sulphate of Copper to be injected into her throat, which she threw again from her mouth, but could not swallow. Her voice was hoarse, but there was little cough and no difficulty of respiration. I saw her again about 12 o'clock, without finding any change in the case. About two I was summoned to her, and fearing hemorrhage, or some urgent symptom, dispatched the messenger who had come for me to call Drs. Hodge and Meigs. We all reached her chamber at nearly the same time, and found her

unable to lie down or to swallow, with a very rapid pulse, a warm moist skin and perfect mental composure. Various efforts were made to ascertain the seat of her difficulty. There was no swelling to account for it, no appearance of disease about the throat internally, nor any cerebral symptoms, and yet our patient was evidently in a condition of great danger; the respiration was unobstructed, though the voice had again sunk to a nearly inarticulate whisper. There was no sound like that of croup in respiration, and no evidence of effusion about the larynx; there was no hemorrhage nor other cause of exhaustion. Stimulating and nutricious enemata were given freely, and the stomach tube at the suggestion of Dr. Hodge was procured, with the intention of supporting her by food injected into the stomach—we were, however, deterred from its use by an apprehension lest it should bring on a sudden spasm of the glottis, and cause immediate death. We all saw her repeatedly from this time until Friday morning at eleven o'clock, when she expired.

The interesting points in this case are the intensity of the arterial excitement, the dysphagia and aphonia, without a corresponding difficulty of respiration, or sufficient swelling and inflammation in those parts of the throat within sight, and commonly affected, to account for these symptoms. It was not laryngitis, nor bronchitis, nor pharyngitis, nor tonsillitis. The examination of the body revealed the whole mystery. Upon opening the trachea and larynx the traces of inflammation were so slight as hardly to be recognised; and we were disposed at one time to seek the causes of death in the brain, or some other organ. It was, however, determined to remove entirely the pharynx, together with the base of the tongue, in order to look at them carefully from behind; in doing this an abscess was opened, situate between the æsophagus and the vertebra, containing about half an ounce of purulent matter, and so immediately behind the glottis as to account most satisfactorily for the difficulty of swallowing and dread of strangulation expressed by the patient, from the time the disease first assumed a serious character. There were also minute depositions of pus between the arytenoid and cricoid cartilages, shewing the cause of the difficulty of speaking.

Dr Ashmead communicated the following history of *"a case of death from over-distension of the bowels, producing pressure upon the diaphragm, to such an extent as to prevent respiration."*

W. Wyre, aged 40 years, of large robust frame and in full health, was attacked with violent abdominal pain, vomiting and constipation, about 3 o'clock A. M., on the 27th of August last. At 3½ P. M., I saw him; he had then feeble and frequent pulse, shrivelled skin, covered with a cold, clammy sweat; hands and face blue, as in the last stage of Asiatic Cholera; respiration short and hurried; abdomen enormously inflated with gas, tense as a drum, and rising

high above the level of the sternum. He was suffering under great distress and uneasiness, but had no acute pain. His intellect was perfectly clear. I found on enquiry that the patient had arrived here on the 26th, from England, after a long voyage, during the few last days of which, he had been on short allowance. The night previously to his attack, he had eaten voraciously of watermelon, and drank freely of small-beer and cider just before retiring to bed.

On first entering the room, and seeing the patient in the condition described, the thought instantly crossed my mind, that here was an obstruction of the bowels, causing immense distention, by which the lungs, heart and blood-vessels were compressed, and their actions impeded; that the patient was actually *moribund*, *asphyxied*, and could only be saved by an immediate evacuation of the gas. Acting too on the wise maxim of my estimable Preceptor, (the late Dr. Parrish,) always to suspect hernia, in cases of cholic, I at once enquired "Have you hernia?" The answer was, yes, and on examining, I found a large scrotal hernia on the left side, in a state of strangulation. This was readily reduced and an injection of Spts. Teribinth, in water, every five minutes afterwards, brought away a large fluid evacuation, but no flatus. I now attempted to pass a large tube into the bowels, but failed—another enema was given, during the operation of which, the patient, contrary to my positive orders, rose from his bed, and was near fainting from the exertion; he was laid back in bed, and some brandy and Spts. of Teribinth, given to hasten peristaltic action from above, and to stimulate the general system, which was now still farther prostrated. I stepped aside, with my back toward the patient, to prepare another injection; when in an effort to vomit, he turned upon his abdomen: aware of the imminent danger of this position, I seized him, and turned him over as quickly as possible on the side; but his respiration was now irregular and gasping, and in less than two minutes ceased altogether. In the act of expiring he had a feculent evacuation, from the bowels, with some flatus. During his last moments I proposed tapping the cæcum, an operation which may be done without penetrating the peritoneum; to this the patient consented, but unfortunately no instrument, not even a pen-knife could be procured, until it was too late.

The whole time I was with him, was not more than half an hour, and every thing had to be done by myself; could I have had fifteen minutes longer the life of the patient might have been saved.

August 28th, at 7½ o'clock, A. M., I made an Autopsy—Corpse less livid than before death—muscles very rigid—lungs crepitated naturally, not inflamed but greatly compressed, and congested with dark blood—Pleura natural—Heart natural, containing 1½ ounces coagulated blood—Pericardium contained a small quantity of dark colored serum—Peritoneum of abdominal parieties healthy. Its cavity contained about a quart of dark, bloody serum, with a few albuminus flocculi, floating in the left iliac fossa. Peritoneum of intestines, exhibited slight injection over the stomach, duodenum,

and upper half of the jejunum; over the lower portion of the jejunum, and the ilium, the injection was much higher, approaching to a dark color, and over the whole of the large intestines, the color was so dark, that it might have been mistaken for gangrene, had there been any odour, or softening of the structure, which, however, was not apparent. A small portion of coagulable lympth was observed on the portion of the bowels which had been strangulated. Omentum natural, and pushed far up in the hypochondriac region—stomach, liver, spleen and kidnies all healthy; bladder contracted.

The position of the diaphragm was particularly remarked. The highest point of its *peritoneal surface* (ascertained by thrusting an iron stile, through the chest, perpendicular to the spine,) after the removal of the bowels, was, on the right side *three inches above the nipple*, or half way between the nipple and the lower edge of the clavicle; on the left side *one inch above the nipple*—Bowels greatly distended, their mucous membrane throughout of a healthy texture —the duodenum and upper half of the jejunum empty, and compressed together—the lower half of the jejunum and the ilium, greatly distended with gas, and loaded with yellowish fluid fæces, and small pieces of undigested vegetable substance of the size of beans—the distension increased towards the cæcum.

On passing an iron stile through the abdominal parieties *one inch above, and one inch to the left*, of the anterior, superior spine of the ilium, it penetrated the cæcum about an inch *without* the reflection of the peritoneum, from the intestine to the abdominal parieties. This is the point for the performance of the operation, mentioned in the history of the case. On the anterior surface of the ascending colon, two or three inches above the ilio-cæcal valve, its peritoneal coat was lacerated, making a tear two or three inches long and about one and a half inches wide. The longitudinal band of muscular fibres at this point was also torn across and retracted, so as to obliterate the pouches which exist at this place. So great was the distension of the cæcum, that on cutting off the ilium two inches above it, a violent gush of fluid fæces and gas took place, attended with a loud noise; the contents of the bowels being propelled to the distance of at least four feet from the body. The ascending, transverse, and descending colon were also enormously distended, the latter passing very high up, into the left hypochondriac region. The distension gradually lessened from the transverse colon downwards. The sigmoid flexure with its meso-colon, were highly injected and eccymosed, the dark color terminating above and below in abrupt lines, showing the exact extent of the stricture. The part which had been strictured was attached to the internal abdominal ring by elongated old adhesions. The lower portion of the sigmoid flexure, and the rectum were perfectly natural.

Dr. Meigs remarked that he was glad to hear the very interesting communication of Dr. Ashmead, as it confirmed an opinion

which he had long held and taught, that deathoften occurred in puerperal peritonitis from the same cause, which produced it in Dr. A.'s case. He thought the use of the tube, in this disease, a matter of great practical importance, and one upon which he had dwelt with emphasis in his work on midwifery. He had frequently known patients to be greatly and suddenly relieved by it, when no other means appeared available.

It is a well known fact, that inflammation of the serous covering of the intestine, will paralyze its muscular coat, and that then the peristaltic actions will be suspended, hence the great accumulation of flatus which occurs in Peritonitis, and the necessity of purgatives to produce muscular contraction, and of a resort to mechanical measures, to relieve distension.

Dr. Meigs considered the passage of the sigmoid flexure of the colon, to be the chief object in the introduction of the tube; it was here that the main difficulty existed; the muscular bands at this point, were in a state of spasm, affording oftentimes an insuperable obstruction to the passage of flatus; the moment this spasm is relieved by the introduction of the tube, a violent rush of gas from above takes place, the tympanitis rapidly subsides, and the respiration of the patient becomes free.

Dr. Meigs enforced these views by a reference to a case of Colica Pictonum which had fallen under his observation some years since. The patient was a robust man who was violently seized with this disease. When Dr. M. was called he found him cold and nearly pulseless, with enormous distension of the bowels, difficult respiration, hypocratic countenance, and such decided evidences of approaching dissolution, that he considered him moribund, and thought he could not survive fifteen minutes. He determined however, to attempt his relief by the introduction of a tube into the bowels—he succeeded in passing the sigmoid flexure—a violent rush of gas followed, with immediate relief to the patient. The abdomen fell, the respiration became less oppressed, the pulse revived, and to the surprise of Dr M. the patient finally recovered. He must have died very speedily had not the escape of flatus been effected.

Dr. Morris stated that the reference made by Dr. Ashmead, to the importance of suspecting hernia, in cases of Cholic (so frequently insisted upon by his and Dr. A.'s preceptor,) brought to his mind a case which occurred to him within a year, in which this caution was especially applicable. A lady sent for Dr. M. in the absence of her usual medical attendant, complaining severely of pain in the abdomen, with vomiting, constipation, &c.; he prescribed bleeding, castor oil, &c., and left her for a few hours. On his return no improvement was manifest, and he was induced to suspect hernia; on enquiry, however, the patient was not aware of the existence of a herniary tumor. Dr. M. now left the case in the hands of the attending physician, who continued his attendance for some time,

without producing any alleviation of the distressing symptoms. At the end of several days the patient called the attention of her medical attendant to a small indurated tumor in the groin, which on examination appeared more like an enlarged lymphatic gland, than a hernial sac. There was no elasticity or fluctuation, such as is generally felt in hernia, and yet the symptoms of strangulated bowel existed. A consultation of surgeons was now called, when it was concluded to cut down upon the tumor, and ascertain its character.

On laying off the skin and superficial fasciæ, a small knucle of bowel, covered by its peritoneum, was found strangulated. Scarcely any fluid existed in the sac, and the bowel was closely impacted in its unnatural position, which circumstances accounted for the hardness and tension of the tumour, causing it to feel like an indurated gland. The bowel was restored to the abdomen, and the patient recovered.

Dr. Meigs, stated that he had in his hand yesterday, a placenta of ordinary size and structure of a child born at full period; attached to the edge of this placenta, was another much smaller, but of an indurated structure like a gland. To the latter was attached an umbilical chord, and the two inner membranes enclosing a fœtus of about two months and a half, shrivelled and looking like a mummy. He learned from the medical friend, who brought him the specimen, that the woman from whom it had been discharged, had given birth to a still-born child at full term, with the placenta, &c., attached as usual, but with it this peculiar structure was thrown off. The female had been subject for several months prior to her accouchment to attacks of uterine hemorrhage. Dr. Meigs considered it a case of twins, in which one had died at 2½ months, the other continuing to live to full term. There was a death of one fœtus without abortion. He had seen a case some years since in which a fœtus of four and a half months, had followed the birth of a child at full term. But such cases were very rare.

Dr. Johnston was anxious to hear whether the experience of Dr. Meigs would bear out the theory of Serres in reference to the formation of double monsters. The idea of Serres of the formation of the fœtus and its organs by two lateral halves, would account readily for all cases of monstrosity from deficiency of parts; by supposing an arrest of developement, and that a condition, which at one time of intrauterine life was natural, had become permanent. But Serres not content with this explanation, endeavors to account for monstrosities with a redundancy of parts on the same principle of symmetrical developement. Double monsters being explained by the primary developement of two distinct fœtuses, which, if each be provided with a separate placenta and distinct membranes, may be regularly developed and twins be born; but if one of the placenta should become atrophied, its fœtus will remain undeveloped and be delivered as a monster at the period of the birth of the well formed child. But suppose two ova to be simultaneously

impregnated; according to Serres, they may give rise to only one placenta and one set of membranes; there will then exist two fœtuses in the same bag, their umbilical cords will (by the force of attraction regulating the developement of two embryos) be united into one, and if both the fœtuses be equally developed they may be found at the period of birth united by the umbilicus (as in the Siamese twins;) if, with an equal degree of developement, the force of attraction be more marked, there will be more or less fusion of the two fœtuses into one, and the law of affinity by which this fusion is accomplished permits only the union of the homogenous molecules (thorax to thorax, abdomen to abdomen, limbs to limbs, &c.,) hence double monsters. But again, imagine that with two embryos in the same bag, one should be regularly developed, while the developement of the other should be arrested, the same law of attraction between homogenous particles presiding, a union may occur between the imperfect and the perfect being, giving rise to that class of monsters, in which from the thorax, or abdomen, sprout a portion of the trunk with the inferior extremities of an atrophroid and illy developed fœtus (as in the Chinese monster.)

Dr. J. stated that he had noticed the theory of Serres, merely to learn whether the fact upon which it entirely rests, namely the existence of two embryos in the same membrane, was supported by the experience of the fellows, and particularly of Dr. Meigs, who had reported the case which gave rise to the remarks.

ELECTION OF FELLOWS.

At the meeting in January, Henry H. Smith, M. D., was elected a Fellow of the college.

Notice.—Individuals not members of the college may be supplied with the numbers of these proceedings by applying, post-paid, to the Secretary, Dr. Henry Bond, No. 1 North Ninth street, at the rate of 20 cents for each number.

QUARTERLY SUMMARY

OF THE

TRANSACTIONS

OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

FEBRUARY, MARCH AND APRIL, 1842.

Stated Meeting, February 1, 1842, *Dr. Condie in the chair.*

Dr. Warrington read the following "*Annual Report on the Diseases of Women.*"

To condense into a small space a notice of those improvements in medicine which have especial reference to the diseases of women, would demand more time and research than could be conveniently appropriated to it on this occasion. All that can be expected in a report like the present, is a rapid summary of the more important particulars which the observations of the past year have developed in relation to the subjects of our inquiry.

Since the labors of Bichât and others have contributed to shed light upon the vital properties of the various tissues which enter into the composition of the animal organization, our ideas in regard to the location of its various pathological conditions have been greatly extended. In consequence of which the different affections of the uterus, according as they have their seat in its muscular structure, its mucous lining, or its serous investment, are now much better understood, and the distinction between metritis, properly speaking, and peritonitis, &c., more clearly made out. Still much remains to be done, to enable the practitioner possessing even the experience of years, to determine in every case, the existence or non-existence of destructive alterations in the pelvic and abdominal viscera.

In a memoir, published in 1840, by Luigi Sementini, on the uncertainty of the signs previously received as indicative of inflammation of the peritoneum, the writer asserts, that during a period of more than forty years, he has ascertained by close observation, that in all cases of peritonitis, in whatever part of the membrane the inflammation may be seated, there exists pain in the

pubes and over the great trochanters, which, if not spontaneously felt, is always developed by pressure, and that the severity of this pain is in direct proportion to that of the peritonitis. This fact which is said to be confirmed by the clinical observation of others, M. Sementini believes to be explicable from the relation of the nerves of the parts in which the pain is felt to the peritoneum, and by the connection of the latter with the fascia, and the muscles about them. In addition to the value of this fact in the diagnosis of the more obscure and latent cases of peritonitis, in all of which the pains referred to are present in a degree proportioned to the severity of the disease, the author declares, that he has found it to be of value as an indication of treatment, having obtained great benefit from the application of leeches and blisters over the trochanters, instead of to the parities of the abdomen. Your committee are not prepared, however, to subscribe to either the theory or the practice of M. Sementini.

The investigations of M. Dance in France, and of R. M. Lee in England, have shown that some of the affections heretofore vaguely regarded as a "peculiar fever" are in fact pathological changes occurring in the lymphatics or veins of the pelvic viscera; and the idea is still strongly entertained by a fellow of this college, that the great majority of the cases of fatal peritonitis, so called, are nothing more or less than cases of traumatic typhus, in which there is an effort at spontaneous cure by the establishment of metastatic abscesses within the cavity of the peritoneum; that is to say, the disease, beginning originally in the veins of the uterus, is subsequenly withdrawn from them, and spent upon the peritoneum by the secretion of lymph or sero-purulent matter into its cavity.

However true this last opinion may be, it is worthy of remark, that the simple or sporadic forms of this disease usually give way to a promptly administered antiphlogostic treatment. It is still to be regretted, however, that when the affection becomes to any extent epidemic, its relative mortality is little or not at all affected by our treatment.

In reference to the disease known by the name of Plegmasia alba dolens, no decided advancement has been made in our knowledge of its pathology, nor any marked improvement in its treatment. It has recently been proposed to envelope the affected limb, at an early period of the attack, in the immovable apparatus, or by a simple bandage so regularly applied as to keep up a uniform pressure throughout its whole extent—at the same time that the inferior extremity of the diseased member is kept at sufficient angle of elevation.

The labors of Boivin and Duges, of Duparcque, and probably also of Lisfranc, in reference to the pathology and therapeutics of diseases of the uterus, have prepared the way for a better appreciation of the nature of some of the many, previously, obscure affections of that organ; and with the valuable assistance furnished by the pro-

per use of the speculum, some decided improvements have already taken place in their diagnosis and treatment.

Your committee believes himself justified in asserting, that the result of experience, particularly in Europe, has fully established the inefficacy of the operation for ablation of the mouth and neck of the uterus in cases of decided carcinoma of that organ; and that there are few, if any, other diseases in which this operation has been found decidedly beneficial, unless we except one or two instances in which the neck of the uterus was the seat of a cauliflower excrescence.

It may not be improper in this part of the report, to present a condensed statistics of one hundred and twenty cases of carcinoma uteri, collected and published by J. C. W. Lever, Esq. The principal deductions made by this gentleman, from his observations, are, that the period of life most obnoxious to carcinoma uteri, is from the 40th to the 50th year. Of the persons affected, 5 per cent. only were unmarried women, and 7 per cent. were widows, (who were presumed to have become so at an early age,) while 86 per cent. were married women—so far refuting the idea that celibacy favors the development of the complaint—34 per cent. were married between the ages of 15 and 20—36 per cent. between the ages of 20 and 25—20 per cent. between the ages of 25 and 30, and 1½ per cent. only between the ages of 30 and 45, leaving out all the fractions. Ten barren women, or about 8 per cent. occurred out of 113 who were married; and an average offspring of about 5¾ each to the 103 bearing women. The abortions were 2½ each on an average, among 40 who had miscarried; or near 17 per cent. of the whole of the conceptions among the 103 child-bearing women—20 per cent. of the affected were of fair, and 79 per cent. of dark complexion. Only 20 per cent. were persons whose uterine health was good in early life. In 15 per cent. the patients suffered from amenorrhoea—in 54 per cent. from dry amenorrhoea (we suppose in these cases there was no leucorrhoea)—and in 2½ per cent. only from other uterine diseases.

The subject of displacement of the uterus continues to claim considerable attention. The modes of treatment proposed, are, however, almost as various as the number of persons occupied in the investigation of the disease. With some practitioners the several contrivances for the compression of the perinaeum, and lower regions of the abdomen, are regarded as best adapted to the relief and cure of the inconveniences which the displacement entails. While others still give a decided preference to the pessary; so modified, however, as to adapt it to the indications of each particular case. Although the proper mode of supporting the prolapsed uterus, is avowedly one which requires much further improvement, it is proper, nevertheless, to remark, that the pessary, properly constructed, has been employed with much advantage in the treatment of irritable uterus, and of the abrasions or exulcerations of the os tincœ.

For the reduction of retroversion of the uterus, in those cases where the finger of the operator becomes insufficient, Mr. Charles Halpin has proposed the insertion into the vagina of a bladder of suitable size, in a state of collapse, beneath the body and fundus of the uterus, and then, with a well adjusted pipe, to inflate it gradually until the organ is restored to its proper position.

An attempt has been recently made to afford relief in certain cronic cases of procidentia of the uterus and vagina, by means calculated to diminish the calibre of the vagina at its middle or upper portions, or so nearly to occlude its orifice as to prevent the escape of the uterus beyond that point.

Besides the various methods devised and practised by Hall of London, Dieffenbach of Berlin in 1831, Fricke of Hamburg in 1832, Ireland of Dublin, and Langier in Paris in 1834, Kennedy in Dublin, and Philips in England in 1835, and subsequently by Velpeau, Berard, Jobert, and Bellini in various parts of Europe, Dr. Geddings of South Carolina, has succeeded in relieving several cases by partial occlusion of the genital fissure, and thus reducing a procidentia to a mere prolapsus, while one of the fellows of this college has, apparently, completely succeeded in restoring a prolapsed uterus to its natural situation, by removing a large portion of the extruded posterior wall of the vagina. Your committee inspected the parts, after the wound caused by the operation had healed, and found the uterus in its proper situation.

Before passing from the subject of the diseases of the pelvic viscera, it will be proper to notice the views of Jobert, in regard to the nature and treatment of vaginal cystocele. The pathalogical researches of this surgeon have led him to the conclusion, that in the displacement of the bladder called cystocele, the anterior wall of the vagina is neither ruptured nor abraded, but that the disease is the result of the relaxation of the superior pelvic fascia, which having been distended by the elevation of the uterus in successive pregnancies, loses its elasticity, and no longer sustains the anterior wall of the vagina in a proper manner; and that under such circumstances a fall, an effort, the habit of allowing the bladder to become greatly distended, are causes sufficient to produce the disease. His plan of cure, or at least of affording great relief, in this distressing malady, is to enclose within two curved lines, made with caustic, an oval space, more or less considerable, upon the posterior surface of the tumor (which of course, according to his opinion, is upon the anterior wall of the vagina,) so as to form an isolated spot, repeating the application of the caustic, until the mucous membrane is destroyed. He then pares the edges with scissors or a bistoury, draws them together, and maintains them in opposition, by means of the twisted suture and strait needles, the points of which are removed.

It is stated that this surgeon has succeeded in curing cases of eversion of the posterior wall of the vagina by the same means. Your committee was witness to the persevering efforts made by

Dr. W. Poyntell Johnson, a fellow of this college, to relieve by Jobert's method, a very distressing case of vaginal cystocele, but with so complete a failure as to induce him to believe that the cure of cases advanced to any considerable extent, can never be effected by the excision and removal of portions of the mucous membrane alone, unless the subjacent cellular tissue be properly implicated in the process of contraction and cicatrization.

In reference to the propriety of the practice of passing fluids into the cavity of the uterus by means of a syringe, a plan of treatment strongly recommended by some physicians, a caution is suggested by the experience of Bretonneau, Ricord, and others, who have observed acute peritonitis and death sometimes to arise from it; probably in consequence of the passage of the fluids through the fallopian tubes into the cavity of the peritoneum, the possibility of which has been demonstrated by Hourman; or violent inflammation may be induced by the passage of the injected fluid mixed with air into the large veins of the uterus, as occurred in the experiment of Nelaton.

It will not perhaps be considered as altogether out of place, in a report on the diseases of women, if we notice here the recent observations of Nauche, Equiser, and Rousseau in relation to the existence of a fatty pellicle which floats upon the urine of women in a state of pregnancy, when the fluid has been permitted to stand from two to six days. This pellicle, which is described as whitish, opalescent, and slightly granular, and so consistent that it may be almost lifted off by raising it by one of its edges, is called *Kiesteine*, and is considered by the gentlemen just named, to be a constant accompaniment of, and entirely peculiar to, the pregnant state; and is therefore regarded by them, as a new test for the detection of pregnancy. Becquerell, however, in his recent work on the semeiology of the urine, appears very little disposed to admit it as such, and says that in a certain number of women, examined shortly before delivery, when these characters should have been at their maximum, he found nothing answering to the description given of the substance called Kiesteine. He appears inclined to think that it is owing to the presence, in the urine of pregnant females, of mucus, variable in quantity and quality, and to its influence in promoting a more ready decomposition of the fluid, that the peculiar appearances alluded to are to be referred.

A series of observations, we understand, has been instituted in reference to this subject, in our city and its vicinity, and it is to be hoped that shortly the exact value of this supposed test will be fully ascertained.

Donné, whose analysis of some of the secretions of the human body has already attracted much attention, states, that from a great number of experiments upon the urine of females, he found it to contain much less free acid, as well as of phosphate and sulphate of iron during pregnancy, than at other times. His experiments also on the condition of the urine in states of disease, have

led him to the conclusion, that in chlorosis, all traces of iron, which is more or less abundant in healthy urine, disappears; and although iron is found again in the urine of the patient subjected to the use of this metal for her relief, it is not proper to consider her cured, until iron is still found in the urine sometime after its administration has been suspended.

In a cursory survey of the Bibliography of the works devoted to the diseases of females, published within a recent period, it will be proper to notice first, the elaborate and valuable compilation of Churchill, of Dublin. It embraces most that is known in relation to the pathology and therapeutic management of the diseases of women, in the non-gravid, the gravid, the parturient, and the puerperal states. Dr. Blundell has also presented to the profession a series of interesting observations on many of the diseases peculiar to the female sex. The reprints of Rigby's Midwifery, and of Ramsbotham's Obstetric Medicine and Surgery, and the new and somewhat enlarged edition of Dr. Meigs' Midwifery, contain a summary of nearly all the recent additions made to our knowledge of the more important diseases of the female sex. In addition to these, we may likewise mention two other works; one, of a strictly practical nature, on the disordered functions in women, by Dr. Ashwell, and the other on nervous disease of females, of a much more discursive and speculative character, by Dr. Laycock.

The recently published work of Sir Astley Cooper, on the human and comparitive anatomy of the breast, if studied with care, is calculated to aid us materially in forming a correct idea of the pathology and therapeutics of mammary diseases—and is therefore to be regarded as a valuable acquisition to obstetric medicine.

Dr. Morris read the following account of "*a case of Poisoning with Laudanum.*"

Mrs. A. intending to administer a dose of oil to her infant, four months old, to prevent griping, attempted to add to it two drops of laudanum. It escaped more rapidly than she wished from the vial, but supposing from the appearance, there might be about three drops, she gave it at a venture. The child soon fell asleep, and though it appeared nervous and twitched frequently, she felt no uneasiness till it was seized with convulsions, about three hours after the dose had been taken. I was then sent for, and found it with general convulsions, stertorous breathing, hot skin, pupils contracted to mere points—the stupor was so deep that it could not be aroused by any efforts I could make. I at once administered a dose of sulphate of zinc, which I had carried with me, and enema of strong salt and water hourly, a part of which was retained without exciting the least sensation. On examining the laudanum bottle, I found there were about twenty drops remaining at the bottom of an ounce vial, the sides of which were coated

with a deposit of opium; the little fluid at the bottom being very turbed, and containing many fragments of opium of considerable size. I at once come to the conclusion that we had no means of estimating the amount of opium taken. In the first place, the uncertainty as to the number of drops, was very great; any one who has dropped laudanum into castor oil, may have observed how very deceptive is the appearance it presents. In addition to this cause of uncertainty, the turbed fluid was of much greater strength than the clear filtered tincture; but above all, the probability that a portion of solid opium had escaped with the fluid was so great as to amount almost to certainty. Under these circumstances, the stomach being little likely to respond to the impression of remedies, I introduced a large catheter into it, and injected a quantity of warm water. This was promptly returned through the tube, (and I may remark in passing, that I have before witnessed the same result,) so freely and promptly, that there was no occasion for any effort to draw it off by the syringe. The water was returned perfectly pure; there was, however, no mitigation of the symptoms. In the meanwhile mustard cataplasms had been applied to the extremities, and iced water repeatedly dashed upon the head, but neither was sufficient to arouse the child. On the contrary, the respiration became more slow—the skin cold, and the consciousness diminished. I had the child placed in a warm mustard bath, which excited one cry, the first and only token of sensation manifested for many hours. Dr. Hodge, who had been summoned to my aid, arrived at this juncture. The coldness of the surface and tokens of prostration becoming urgent, we agreed to administer brandy and water. In the effort to swallow the first tea-spoonful, convulsions set in, whether caused or not by some drops insinuating themselves into the larynx, it would be difficult to say.—Convulsion after convulsion ensued, destroying the power of deglutition entirely. Fearing, lest in the passage of the tube into the stomach for the purpose of stimulating the child by a continued use of the brandy, the spasm might be aggravated, we threw a table-spoonful of brandy mixed with a cupful of warm water into the rectum. The surface still continued cold; there was not even heat of the head; the breathing was much interrupted—the face livid. A warm mustard bath was again resorted to, but without any effect; the child was indeed taken from it, as we thought, moribund. The spasm increasing in violence, the action of the heart alone indicated the retention of life. While Dr. Hodge was employing friction to the body, I thrust my finger into the mouth, and found the jaw rigid and the tongue thrust forcibly backward and upward against the palate. It occurred to me at the moment that even if an effort at respiration should be made, all access of air to the lungs was effectually prevented by this condition of the mouth, placing, therefore, two fingers upon the tongue and the thumb between the jaws, I held it forcibly open, at the same time requesting Dr. Hodge to compress forcibly the chest and belly so as to empty the lungs:

this was repeated frequently, the elasticity of the cartilages, and the descent of the diaphragm causing air to be drawn into the lungs. This was repeated for at least three minutes, action of the heart only giving indication of the presence of vital power. At length a long sigh was drawn and natural respiration re-established. Still the surface remained cold, and there was no manifestation of a diminution of the influence of the opium, although between six and seven hours had elapsed since its administration. A large sinapism was applied to the anterior part of the body, which speedily induced redness, but without exciting the sensibility of the patient. It was then removed to the back without any more favorable result. Cold air was blown upon the face repeatedly with equal want of success. The mustard failing to excite permanent warmth, at the suggestion of Dr. Hodge, linen cloths were heated at the fire and applied so hot, that it was with difficulty they could be retained in the hands, by this means an artificial heat was communicated to the skin and the congestion of the great vessels relieved, the body soon becoming red as though covered with a vivid eruption. Before this was finally effected, convulsions again occurred, producing the same suspension of the respiration, and coldness and lividity of the surface, and this time there was *no perceptible action of the heart.* We all thought the child dead. The same process was again resorted to for the purpose of inflating the lungs, with the addition of blowing into the throat whilst held open. So satisfied was I that the case was past recovery that I should have abandoned it as hopeless, but the active and untiring zeal of Dr. Hodge, was not so easily subdued, and we persevered again, and were both astonished and delighted to witness the re-establishment of natural respiration. For several hours we persevered in the application of the hot linen cloths—certainly the most effectual way of imparting heat to the body—and at ten o'clock at night, just eleven hours after the dose had been given, we left the child crying heartily for drink, and by the next morning it had entirely recovered from all the consequences of the dose.

Dr. Condie suggested whether the case related by Dr. Morris, was not one in which the establishment of artificial respiration, as practised by Mr. Charles S. Smith, in an instance recorded in the twentieth volume of the London Medico-Chirurgical Transactions, would have contributed to a more prompt restoration of the vital functions, or at least have been an additional means of securing the final recovery of the patient. Dr. C. believed that in very many cases of poisoning by opium and other narcotics, the employment of artificial respiration would most effectually contribute to the success of the other means resorted to, if not in itself sufficient to prevent a fatal result. He should not, himself, hesitate, where the artificial inflation of the lungs could not otherwise be effected, to make an opening into the trachea for the introduction of a tube.

Dr. Parrish remarked that the present case was a peculiarly interesting one, in consequence of the complete restoration of the powers of life, after the entire cessation of the action of the heart and lungs. The length of time during which the vital functions may be suspended, with the possibility of their subsequent restoration, has been the subject of considerable discussion. In the case just related, the cessation of the entire functions of respiration and circulation continued, as it appears, but for a few minutes, and Dr. P. believed, that there was no well authenticated instance of resuscitation in cases of asphyxia from submersion, where the suspension of respiration has continued longer than three or four minutes.—Instances have been related, it is true, in which resuscitation is said to have taken place after a body has been fifteen to twenty minutes under water, but it is evident, that, in these instances, there is a positive misstatement as to the time the body has remained in the water. It may be very confidently asserted, that after the lungs have ceased acting for five minutes, every effort to again rouse them into action will be in vain. This is the opinion of Dr. Edwards, whose recent experiments and observations constitute the highest authority on this subject.

Dr. Pepper observed that a careless observer might too readily be lead into error, as to the period during which the lungs and heart have ceased to act, in cases of poisoning with opium, in consequence of the extreme slowness and feebleness with which their functions are often performed for some time before they cease entirely.

Dr. Moore presented the "*annual Report on Meteorology and Epidemics.*" This report, with the several tables which accompany it, is far too voluminous for insertion in the present summary. The following extracts from it, will give a general view of the prevalent diseases during the past year.

The degree of cold, which, in this climate, usually prevails during the months of January and February, and is often extended into March, is generally accompanied by inflammatory affections of the respiratory system. The temperature of this season, is clearly indicated in the meteorological tables, which form part of the report for 1841. Though the cold was never intense, it was of long continuance; and the migratory animals were late in making their annual visit. It cannot, however, be asserted, that the affections of the various tissues constituting the apparatus for receiving and expiring the air, were more than usually prevalent for the season. Of these affections, catarrhs were the most frequent, but as far as was noticed, not varying in character from that usually belonging to the disease.

Immediately after the period of the greatest cold, noted in the first week of January, some persons were observed to be affected, either primarily, or sympathetically, from the general derangement

of the system, with a marked disturbance of the chylopoctic viscera, acccompanied by fever, imparting a peculiar character to the disease.—

The earliest notice of the appearance of the measles with which the city and districts have been lately visited, that has come to our knowledge, is derived from the list of the interments published by the Board of Health. This notice is given in the week embraced between the 23d and 30th of January. The records kept at the Dispensary afford no notice of the disease earlier than March. In the communication held with the professional men attatched to the various charities, and the most engaged in the practice among the classes where epidemics usually make their first appearance, our inquiries have been directed to this subject without our obtaining any satisfactory information. The progress of the disease was probably slow, as only one instance of its having proved fatal is recorded in the succeeding month of February. In March, however, the disease must have affected numbers, as no less than fourteen deaths are noticed in the bills of mortality for that month. The largest number of deaths from measles occurred in May, when the disease proved fatal to twenty-seven persons. From an examination of the statements made by the Board of Health, it appears that ninety-four persons have been carried off by the disease during the epidemic season, which closed with October; for since then no death from measles has been recorded.—

During the months of June, July, and August, affections of the alimentary canal were frequent. Under this denomination may be included inflammations of the stomach and bowels. In July, cholera, bilious cholics, and diarrhœa, engaged the attention of the medical practitioner, and appear to have often proved fatal, as evinced by the weekly reports of the Board of Health. During the same month, and the one immediately succeeding, dysentery prevailed, causing the death of eighty-two persons in that period; a degree of mortality which we should not have expected from personal observation. According to individual experience, the disease yielded readily to the operation of small doses of the compound powder of ipecacuhana and opium, together with confinement in bed and the free use of mucilaginous drinks.

In August many persons were affected with fever. For three or four days the type was evidently remittent, accompanied by severe pain in the head, referred sometimes to the forehead, and as frequently seated in the occiput. Slight delirium often occurred during the night, the period of the greatest exacerbation. Towards morning there was considerable remission, and in the majority of cases, on the morning of the fifth day, the apyrexia was complete. But this condition, which often induced in the patients and the friends, the expectation of a solution of the disease, was followed generally at noon by a renewal of the paroxysm. In some instances, the return of the fever was not observed until after sunset.

This form of fever was occasionally seen throughout September and October. These months, however, proved remarkably exempt from disease.

Catarrhs, of which instances were occasionally seen in the preceding month, became extensively prevalent in November. Scarcely a family escaped. In addition to the ordinary symptoms of cough and coryza, many persons were affected with pain in the forehead and eyeballs, while others complained of the pain being seated in the back of the head. The pain often extended to the back and limbs, and in a few instances, was spread over the anterior surface of the abdomen, resembling cholic. At this period, such persons were frequently affected with nausea and vomiting. Sometimes the matter ejected, was the food previously taken; more frequently there was a discharge of bile. Some persons were affected with diarrhœa, but a constipated state of the bowels was more frequently observed. Great coldness of the feet with chills and rigors were remarked in many cases, at the first invasion of the disease. To these symptoms, soon succeeded heat of skin, and acceleration of pulse. This feverish condition continued generally through the night, and towards morning a moisture appeared on the skin, accompanied by an abatement of the fever. The apyrexia was rarely complete. In some persons a moisture broke out on the skin, at very uncertain periods, affording a temporary alleviation. But alternating with a renewal of the heat of the body, the person labored under fever for four or five days. A free perspiration continued for some hours, generally proved critical. In a few cases, copious bilious stools were followed by a solution of the fever. The cough was not generally severe. In children, the hoarse character of the cough, was a frequent cause of alarm. A girl, eleven years of age, in addition to the hoarse cough had stridulous breathing, with great oppression and dyspnœa. She had great heat of skin, and her pulse was frequent and full. These alarming symptoms were promptly removed by the abstraction of blood, and the exhibition of an emetic. Two cases required such active treatment.

An African more than sixty years of age, was seen in the morning sitting by the stove eating his breakfast—at 8 P. M., he died with the dyspnœa, and great defluxion as usually observed in the severe cases of Peripneumonia Notha.

In addition, cases occurred where the catarrhal affection was associated, in females, with great disturbance of the uterine system. The symptoms characteristic of the latter condition, prevailed so as to mask the disease and render the diagnosis extremely difficult. On other occasions, the force of the disease fell upon the ear, and the inflammation thus excited, was accompanied by severe and agonizing pain, preventing sleep. In the early stage, this pain and distress were relieved by the application of leeches to the ear, and the mastoid region. In one instance erysipilas of the face was observed.

The following table, with which the report concludes, presents a general view of the state of the thermometer, wind, and weather, for each month of the year 1841.

	TEMPERATURE.						WIND.				WEATHER.								
	m. range			*d. range*			*num. of days*				*num. of days*								
1841.	Highest.	Lowest.	Mean.	Greatest.	Mean.	Barometer.	N. E.	S. E.	S. W.	N. W.	Clear.	Variable.	Cloudy.	Rain.	Snow.	Dewpoint.	Inches of Snow.	Inches of Rain.	R. and melted S.
January.	56	8	30	14	6	30	11	2	8	10	1	10	20	10	6	27	9	7	83
February.	55	9	31	20	10	30	6	1	8	13	2	18	8	1	2	18	4	1	38
March.	73	25	43	27	10	30	9	2	8	22	6	12	13	5	5	28	14	5	82
April.	70	34	50	26	17	30	8	4	10	9	4	6	20	9	3	37	16	6	45
May.	87	35	60	27	17	30	3	3	12	13	5	17	9	10	0	45	0	3	27
June.	90	53	72	27	15	29.9	5	6	14	5	7	15	8	6	0	59	0	3	10
July.	93	60	73	20	15	30.1	2	1	18	19	3	25	3	4	0	64	0	3	28
August.	85	62	72	16	11	30	9	3	10	9	3	23	6	19	0	64	0	9	10
September.	84	54	66	17	11	30.1	8	6	7	9	5	17	8	7	0	59	0	1	89
October.	64	31	47	22	12	30	3	1	13	14	6	24	4	5	0	37	0	3	19
November.	55	24	43	16	7	30	6	2	10	12	4	11	15	11	1	30	7	4	22
December.	56	18	38	16	5	30	7	3	9	12	5	13	13	7	2	25	3	5	91
For the entire year.			53		11		77	34	127	138	51	191	127	85	19		33	55	44

Stated Meeting, March 1, 1842, *Dr. Otto, Vice President, in the chair.*

Dr. Condie read the following "*Annual Report on the Diseases of Children.*"*

In submitting to the college the present annual report on the diseases of children, I regret my inability to present any thing in relation to this important subject of a very interesting or instructive character.

During the past year but few observations have been recorded calculated to improve materially our acquaintance with the nature and diagnosis of the morbid affections that usually occur during childhood,—especially such as may be considered peculiar to this period of life, or with the remedial measures best adapted for their speedy and effectual removal.

The improvements which are daily making in our knowledge of general pathology and therapeutics, are, it is true, to a certain extent, equally applicable to the diseases of children as of adults; to arrive, nevertheless, at correct views of the nature and treatment of the diseases of childhood, a more extended series of observations

* By a resolution of the college passed at its April meeting, so much of this report as related to the protective powers of vaccination and the question of revaccination was referred to a committee consisting of Drs. Condie, Hewson, and Moore, to report thereon at the meeting in May. That part of the report, therefore, which relates to these subjects, is here omitted.

than we yet possess are required in reference to the modifications in the character, progress, phenomena, and results of diseased action produced by the physiological condition of the several tissues and organs during the early periods of life, and the modifications, consequently demanded, in the remedies for its removal.

Neither the physiology nor pathology of childhood has indeed received that attention from the profession generally, which its importance would seem to require, and hence, the gross empiricism which, still to a very great extent, pervades the treatment of many if not the majority of its diseases.

During the past year considerable attention has been paid, by several physicians of Europe, to the investigation of the softening of the stomach observed in certain states of disease occurring in children. The observations recorded in relation to this affection, are not, however, sufficiently accurate or numerous to enable us to establish any important general conclusions as to its true pathology or general treatment.

Neither the particular circumstances under which it is most liable to occur, nor the diagnostic phenomena of its several stages, have, as yet, been determined with any degree of certainty. This is the more to be regretted, as the disease is one of much more frequent occurrence than is generally supposed—there being good reasons for suspecting, that many of the cases of death annually reported under the heads of bowel complaint, cholera infantum, worms, teething, marasmus, convulsions, &c., are in fact, the result of softening of the stomach. The disease was first described with any degree of accuracy, by Dr. Jaeger, of Stuttgard, in 1811; since which period it has been noticed, more or less fully, by Chaussier, Zeller, Laisne, Gairdner, Bernard, Lenhossek, Louis, Camerer, Joerg, Billard, Beck, Rein, Winter, Crusius, Droste, Pommer, Hergt, Barber, and others.

Dr. Iselin, of Mulheim, is the latest writer on this affection, and as he appears to have enjoyed opportunities peculiarly favorable to its study, a brief abstract of his observations may not be considered uninteresting.

The age at which the affection usually occurs is within the first year; it is not, however, necessarily restricted to this period of life.

Previous to the attack, the child is often for several days observed to be unusually restless and fretful—finally, a decided febrile attack occurs, attended with a quick pulse, hot and dry skin, intense thirst, sleeplessness, and constant vomiting, increased upon food of any kind being taken into the stomach. To these symptoms is speedily added a copious diarrhœa—the dejections being, at first, of a grayish color, and some degree of consistency, but subsequently of a yellowish or greenish serum, decidedly acid.

The evacuations are usually preceded by contortions of the countenance indicative of pain, which are likewise induced by pressure on the abdomen. The latter is always much, often enormously, distended, and its temperature, especially over the region of the

stomach, is often considerably elevated, while the extremities are cool, or even decidedly cold. The patient exhibits great prostration of strength, and profuse, partial sweats, particularly about the head.

The disease varies in its duration—proving fatal, in some cases, within twenty-four hours, and in others not until after a continuance of several days, or even weeks.

In violent cases, its onset is very sudden—and it is attended with frequent fainting, and an irregular and very quick pulse—the eyes and features are sunken—the body bathed in profuse perspiration—convulsions, more or less severe, often attended with strabismus, sooner or later occur—the face becomes of a bluish tint—the diarrhœa or vomiting, or both, soon become suspended, the accessions of fainting and convulsions become more frequent; during one of which, death usually takes place.

The intumescence and augmented heat of the abdominal and epigastric regions, and the coldness of the extremities, are, according to Dr. Iselin, to be considered as among the most constant and characteristic phenomena of the disease.

The agonized expression of countenance and sunken appearance of the eyes are, likewise, almost invariably present, even from its earliest stages.

After death, the whole abdominal cavity, with the stomach and intestines, is found distended with gas, and the cellular tissue of the abdominal parieties is often emphysematous.

The stomach is frequently found perforated in one or more parts, or, at least, so much softened as to yield to the slightest touch; these perforations or softenings, occur especially at the great curvature, and seldom extend, according to Dr. Iselin, beyond the most depending parts; some observers, however, describe the softening as involving the entire stomach. Distinct traces of inflammation are, occasionally, observed surrounding the softened parts. The softening appeared, in all the cases examined by Dr. Iselin, to have extended from the interior to the exterior tissues of the stomach, and to have been the result of an inflammatory action. In the same stomach, there was often present, at different points, mere softening of the mucous coat, softening of the mucous, submucous, and fibrous coats, and complete softening, or perforation of all the tissues of the stomach.

The spleen was, very generally, found softened and discolored at those points which are in contact with the stomach. The intestinal canal presented, most generally, inflamed and softened spots: in one case the duodenum was found completely softened, almost diffluent, as was the case also in numerous spots and patches over the small intestines.

In a large number of cases, more especially when the disease prevailed extensively as an epidemic at Gottengen, softening and perforation occurred simultaneously, in the stomach, intestines, œsophagus, lungs and mesentery.

In the brain and its membranes, Dr. Iselin never detected any distinct traces of inflammation, although the blood vessels were often found to be remarkably turgid. Cammerer, however, noticed various organic changes in the substance of the brain, the pons varolii and medula oblongata, which latter were considerably firmer than usual. The lungs were generally found turgid with blood, and exhibiting, in some parts, traces of inflammatory action; similar traces were discovered in the mucous membrane of the bronchi. But in one case was any thing approaching to softening of the tissues observed by Dr. Iselin.

But little is known as to the etiology, and pathological character of this formidable disease. Dr. Iselin refers it to inflammation, and many of its leading phenomena certainly seem to corroborate this opinion. Some of the circumstances, nevertheless, that have been occasionally observed in connection with the disease, appear to be as strongly opposed to such an opinion.

The disease is, under all circumstances, and throughout all its stages difficult to manage, and but little under the control of remedies. In its advanced stages, after convulsions or paralysis has occurred, it is under every plan of treatment very generally fatal.

Dr. Iselin recommends, in its treatment, a strict antiphlogistic course, with leeches to the abdomen and head—blisters and sinapisms were found advantageous. After the bowels were evacuated by castor oil, the only purgative admissible, according to Dr. Iselin, slight astringents and bitters were administered.

The exhibition, in the early stages of the disease, of the carbonate or other preparations of iron, is spoken of, by some of the writers in relation to it, as decidedly advantageous.

The spasmodic affection of the glottis occurring in children—the phenomena resulting from which often simulate closely those of tracheitis or inflammatory croup, and, in all cases, indicate an affection of a very serious character, not unfrequently indeed, terminating fatally—has recently received considerable attention from several of the pathologists of Europe.

By Kopp, Frank, and other medical writers of Germany, the disease, as it is well known, has been referred, in all cases, to an enlarged state of the thymus gland, and numerous observations have been recorded in support of this opinion.

By Dr. Montgomery of Dublin, enlargement of the thymus gland, is supposed to act in the production of the peculiar phenomena of the disease, by causing pressure upon the motor nerves of the larynx, and thus paralyzing the muscles of this part.

Dr. Ley, in a work on this affection, published a few years since, attributes it to a suspended or impeded state of the functions of that portion of the eighth pair of nerves which is distributed to the larynx, caused by pressure from enlarged cervical and bronchial glands. Children of a scrofulous habit, are, according to Dr. Ley, the greatest sufferers—dentition being an exciting cause, from the swelling and inflammation of the glands to which it often

gives rise. The distressing symptom of crowing and prolonged inspiration, is not, according to this author, owing to a "spasmodic closure of the glottis," but rather to an inability of this part to enlarge to its normal size, owing to the want of innervation from the diseased *glandulæ concatenatæ*. From the same cause, he conceives, the transverse fibres, behind and connecting the rings of the trachea, lose their contractile power, and allow the sputa to accumulate—hence, the "prodigious rattling in the upper part of the trachea, resembling the sound which attends when there is phlegm that cannot be got up, scarce sensible when the patient is awake, but very great when he is asleep, described by Dr. Molloy,—that kind of noise which an increased secretion of the mucus in the air passages would produce, noticed by Dr. North. The approximation of the sides of the glottis, thus produced, Dr. Ley argues, is owing to defective power of the opening muscles, and may be either complete or partial. If complete, the child may be carried off by convulsions, or by asphyxia without convulsion—more commonly, however, the glottis becoming gradually, but partially open, air rushes through the still contracted aperture, producing the sonorous inspirations so characteristic of the disease, and this commonly announces the partial recovery of the child.

Dr. Marsh, of Dublin, considers the disease to consist in all probability, in a lesion seated at the origin of the pneumo-gastric nerves, giving rise to a spasmodic action of the muscles of the glottis. He found the disease usually to occur in children of a strumous diathesis, and frequently to be complicated with painful dentition.

By another and highly respectable class of pathologists, the disease is considered, in very many instances at least, to be symptomatic of cerebral disease—being the forerunner often, of convulsions, and other formidable affections.

Numerous observations of a more recent date, would appear very satisfactorily to prove, that spasm of the glottis is capable of being produced by a variety of very dissimilar causes, and that they who refer it, in all cases, to enlargement of the thymus or other glands in the neighbourhood of the larynx—or to paralysis affecting the laryngeal nerves, have taken a very narrow and inaccurate view of the subject.

That it may often occur in connection with an enlargement or morbid condition of the thymus gland and parts adjacent is proved by a large number of well authenticated cases. Its dependence, also, in numerous instances, upon irritation and other morbid states of the brain, would seem to be equally well established by the result of recent observations.

It is, nevertheless true, that the disease has been frequently observed under circumstances in which it could not be attributed to either hypertrophy of the thymus or any positive affection of the brain.

Professor Porter, of Dublin, has recorded several cases in which spasm of the glottis was evidently induced by an irritation caused by the arrest of some foreign substance in the œsophagus—which, nevertheless, could not have produced sufficient pressure upon the larynx, to interfere in the least with the freedom of respiration—but must, according to professer P., have been excited, by some remote, and as yet unexplained, influence, a spasmodic closure of the glottis, which often gives rise to symptoms of such intensity, as to require an operation to preserve life.

A large number of observations have also been recorded within the past year, which establish the fact, that a spasmodic affection of the glottis is liable to be produced by a still more remote irritation, reflected upon the nerves distributed to the laryngeal muscles, and to require for its cure a course of treatment adapted to the removal of the latter. Thus, in many of the cases recently recorded, the disease was evidently brought on by exposure to cold—by the influence of an impure and confined atmosphere—by difficult dentition—by improper food—and by irritating substances in the alimentary canal—and was speedily and effectually subdued by the removal of these morific agents, and by remedies calculated to counteract their immediate effects. We have, ourselves, repeatedly seen the phenomena of the disease very promptly and permanently arrested by the action of an emetic and simple purgative—by the warm bath—scarification of the gums, and a close attention, subsequently, to the diet and regimen of the child: it must not, however, be concealed that, occasionally, it is a much more unmanageable complaint—terminating fatally under the most energetic and well devised plan of treatment.

Much difference of opinion exists among medical writers, as to the source of the purulent opthalmia of new born children. By some, it is referred, invariably, to a specific infection communicated from the mother to the child, during its passage through the vagina—others consider it to depend, in the majority of cases, upon some unknown morbific cause, of an epidemic character, while others refer it, again, to the action of cold, local atmospherical impurities, the stimulus of too much light, &c.

According to Dr. Morrell, who has published, during the past year, some very interesting observations on the disease, purulent opthalmia is a common affection of infants in almshouses, and children's asylums, where the inmates are crowded together, without sufficient attention being paid to cleanliness, and to the securing at all times, a due supply of fresh air—according to Dr. M., contaminated air, with its often associated causes of defective nutriment and exercise, is liable to produce a general tendency to disease of the mucous tissue—the mouth, anus, and vulva, being alike liable to ulcerations of a malignant character, terminating sometimes in mortification. Dr. M. has seen the vagina, in cases of purulent opthalmia, discharging a purulent matter, precisely similar to that of the conjunctiva.

Dr. Cerderschjold, in order to determine whether the disease, as it occurs in new born children, is produced by a morbid secretion from the vagina of the mother, had the question put to every woman delivered, during the space of twelve months, in the general lying-in-hospital of Stockholm, whether or not, she had a vaginal discharge. Three hundred and sixty women were delivered, and subtracting those of whom the children were dead born, or died a few days after birth, there remained 328, of these, 147 had a discharge from the genitals, and 181 had not. Thirty of the children were affected with purulent opthalmia, viz.: 20 of those, whose mothers had a discharge and 10 of those whose mothers had none. From which facts it would appear, that discharges from the genitals are extremely common among pregnant women —that woman may labor under them without causing purulent opthalmia in their children, and that children may be affected with the disease, notwithstanding the mothers have no discharge—it is evident, therefore, that the opthalmia is not necessarily produced by infection received from the mother during birth. Nevertheless, when we consider that 20 of the 147 children born of mothers in whom a vaginal discharge existed, or about one in seven—suffered from opthalmia, while only 10 in 181, or 1 in 18 of those whose mothers were unaffected, had the disease—the proportion of the former, being nearly three times greater than the latter—we may conclude, that a discharge from the genitals of the mother, though not the sole cause of the purulent opthalmia of new born children, is, at least, a very frequent one.

Several papers have appeared, during the past year, in relation to the nature and treatment of cholera infantum—these present but few facts or conclusions, however, of a very novel or interesting character, and add scarcely any thing to our previous knowledge of the disease.

It is somewhat strange, that a malady which prevails so extensively, and destroys annually the lives of so many infants in several of the principal cities of our union, should have attracted, comparatively, so little of the attention of the profession, and in regard to its pathology, prevention, and treatment, so much diversity of opinion should still continue to exist among our best observers, and most experienced practitioners. It is to be regretted, that even a sufficient number of accurate observations has not as yet been recorded, to enable us to determine with certainty, the nature and seat of the lesions, by which the distinguishing phenomena of the disease are produced.

By too many of our physicians, nearly all bowel affections of children, occurring during the summer months, are, without distinction, treated as cases of infantile cholera, and hence, we find the very descriptions of the disease given by different writers, to differ widely in many important particulars. A similar discrepancy exists on the subject of its treatment—while by one practitioner, bleeding, purgatives, and the warm bath, followed by opiates by the mouth,

or in enemas, are prescribed as among its proper remedies—others trust its cure to a change of air, mild mucilaginous drinks and injections, with, in its earlier stages, minute doses of calomel and chalk—while, again, others direct it to be treated, from its very commencement, by astringents either alone or combined with opium.

We are unable to present a full Bibliographical notice of the several works, published during the past year on the diseases of children. Of the few that have appeared in Europe, we know nothing, save their titles and authors. But two of any importance have appeared from the American press. The one is a reprint of Dr. S. Merriman, and Marshall Hall's edition of Underwood's well-known and justly esteemed treatise on the diseases of children, with additional notes by Dr. John Bell, one of the fellows of this college.

This work is one of considerable merit. Even at the present day, the text of Underwood, as it appeared in his edition of 1809, presents, in general, a very excellent description of the principal affections of childhood, with a judicious outline of their treatment; while the notes of the several editors, besides bringing down most of the subjects embraced in the treatise, to the present improved state of our pathological and therapeutical knowledge respecting them, supply a few omissions in the original text.

Although we have very decided, and we believe well-founded, objections to this overloading of the pages of any work, however valuable it may be in itself, and however important may be the illustrations, corrections, or additions contained in the annotations, we, nevertheless, consider the present edition of Underwood as a useful work of reference.

The other work alluded to, is a practical Treatise on the Diseases of Children, by Dr. James Stewart of New York. This, "although not equal in its execution throughout, presents, nevertheless, a very full, able, and accurate exposition of the character, causes, phenomena, and treatment of nearly all the more important diseases occurring during childhood. The author has evidently consulted with considerable care and industry, the observations of the most authoritative writers, on the several affections of which he treats, and has collated and compared the facts thence deduced, with skill and fidelity. Dr. S. has, it is true, excluded from his list several important maladies, to which children are particularly liable, and in regard to one or two of those of which he treats, the sketch presented by him is more or less defective."

Stated Meeting, April 5, 1842, *Dr. Hewson, President, in the chair.*

Dr. Ashmead read the following account of a case of extensive destruction of the vesico-vaginal septum, following parturition.

M. B., black; æt. twenty-four years, was confined with her first child, at full term, breech presentation, December 20th, 1841; after being in labor two and a half days, the pains having entirely left her, for the ten hours immediately preceding delivery. No instruments were used.

The first three or four days after delivery, she was apparently doing pretty well; and passed her urine naturally, but in small quantities, and with pain. Then it commenced passing from the vagina; the first flow was with a gush. Then inflammation of womb set in. On recovering from this, early in January, a large red lump came down through the vagina, so as to appear externally on slightly separating the labia, (since proved to be the invertion and prolapsus of the fundus of the bladder). For this a circular gum elastic pessary was introduced into the vagina, of five-eights of an inch thick, and two and a quarter in diameter. This prevented the tumor from returning; but the incontenence of urine continuing, she was admitted into the Blockley almshouse, in the latter part of February, complaining of nothing but incontenence of urine, and excoriation of the labia; general health good. By the aid of the speculum the unfortunate nature of the case was revealed. A great extent of the vesico-vaginal septum had sloughed away; about one and a half inch antero-posteriorly from the pubis to within one-third of an inch of the neck of uterus; and two inches transversely, from the attachment of the bladder to the pelvis on the right side, to within one inch of it on the left. Length of remaining urethra one inch; internal portion of urethra sloughed away. The edges of this deficiency were fringe-like, inverted on one side, and everted on the opposite side of the pelvis. Urine incessantly trickling away into, and per vaginam. The pessary was found to have escaped into the cavity of bladder; and its flat surface was placed close against the symphasis and above the plane of the urethra; so that only its inferior edge could be felt with the finger.

By aid of a small spatula bent to an obtuse angle, passed into the bladder in front of the pessary, this was dislodged and pressed back and downwards into a horizontal position. Then a large blunt hook, with a short curve, was introduced along the lower surface of the pessary, because this was much easier, and the hook engaged in its central ring. But in this position it was impossible to remove it, owing to the size of the pessary, and the narrowness of the arch against which it was thrown by the efforts of retraction and the great contraction of the orifice of the bladder grasping the pessary.

Then the pessary was turned to a perpendicular position, with its edges antero-posteriorly, but on pulling it, the edges of the bladder

again grasping it, it was pushed against the ramus of the pubes, and it would not pass. Then turning the pessary entirely round, so that the blunt hook was superior instead of inferior (as at first) and the pessary horizontal on the bas-fond of bladder, I was thus able to draw more in the line of the axis of the pelvis, by depressing the pessary towards the hollow of the sacrum, and at the same time drawing it outwards, while the two fingers of the left hand supported the edges of the bladder and forced them back over the pessary, which the lips of the orifice in the bladder grasped with surprising firmness; I now by a steady continued traction for several minutes succeeded in removing it.

As its removal was found to be much more difficult than could have been anticipated, I have thus briefly stated the means employed. A variety of forceps and other instruments were previously tried, but all failed. The orifice, when irritated as in extracting the pessary, contracted to one-third its usual dimensions.

The pain of the operation was not severe, and only some soreness was felt for a short time after. No fever nor inflammation followed.

Several days after, in dilating the vagina with a speculum, the fundus of the bladder was in-situ, but on continuing the dilatation of the vagina for five or ten minutes, the orifice of the bladder not being irritated, nor contracted, the fundus was seen to descend through the deficiency into the vagina, and rapidly increase in size.

The color of the mucous membrane of the bladder was a pale vermillion, interspersed with numerous small whitish spots.

Its sensibility to the touch of the finger, very distinct, but not much more than the skin, and not painful.

When she lies very still she can retain her urine a few minutes (in the vagina?) then a sensation is felt, and it instantly passes involuntarily.

A calcarious deposit had commenced to form, in the internal ring of the pessary, and slightly on one portion of its exterior circumferance. Otherwise the pessary was not much injured, though it had been in this situation about, probably nine weeks. No attempts to relieve the patient have as yet been made.

April 9th, the fundus was completely collapsed, appearing externally, on slightly separating the labia; it was now of a deep vermillion or arterial blood red colour. On pressing on it, it readily ascended with the sensation to the operator, of an intestine escaping into the abdomen from a hernial sack.

Imperfect attempts to use the capillary catheter were made, with some benefit and comfort to the patient.

Dr. Warrington remarked, that in a case of the description mentioned by Dr. Ashmead, he should apprehend the deposit of calcareous matter from the urine, the collection of which, around the opening, would constitute a source of difficulty in the treatment. In two cases of vesico vaginal fistula, which had fallen under his

notice, the calcareous deposit was very considerable. He referred to Dr. Johnston, for an account of one of these cases, in the treatment of which Dr. J. was concerned.

Dr. Wm. Poyntell Johnston's experience, accorded with Dr. Warrington's, in relation to the deposit of calcareous matter. It was thrown down largely in the several cases which he had seen.

The case referred to by Dr. Warrington, was an interesting one. A rent in the vagina was made during a very severe and protracted labor, which resulted in a communication between this passage and the bladder.

The opening was much smaller than in Dr. Ashmead's patient, being just large enough to admit the extremity of the little finger. It was determined to attempt the cure by the application of solid nitrate of silver to the edges of the opening. It was soon discovered, however, that the continual calcareous deposit, around the orifice, prevented the proper action of the caustic. It was found necessary, therefore, to precede each application by syringing the parts with warm water. By adopting this method, and by a steady perseverance in the use of the caustic, together with frequently drawing off the urine by the catheter, Dr. Johnston had the satisfaction of seeing an entire closure of the orifice effected, so that the patient passed her urine through the urethra, and was capable of attending to her ordinary avocations, without inconvenience.

Dr. Johnston had forebore to report the case as a cure, until sufficient time had elapsed to test its permanency, fearing that the cicatrix might not be firm enough to resist the influences to which it would be subjected. The woman passed from under the notice of Dr. J. and for several months considered herself well—unfortunately, however, at the end of six months, the fistula was re-established, and became as troublesome as when she was first subjected to treatment. She still remains in this condition.

The patient was examined by Drs. Barton, Skerret, and others, who were satisfied as to the entire closure of the orifice by the action of the caustic.

Dr. Pancoast was much gratified by the recital of the case of Dr. Ashmead, as he had at present, two cases of vesico-vaginal fistula under treatment. He had not observed the collections of calcareous matter, adverted to by the other speakers. In one case, where the rent in the bladder was about an inch and a half in extent, he had attempted to effect its closure by sutures. After two operations, he had accomplished but a slight reduction in the size of the opening, and that, without any material benefit to the patient. The closure of the vagina by an operation, had been proposed as a means of relieving this disease, and a case of cure by this operation, had been reported by Dr. Serres of Paris. This authority, however, is questioned by other eminent French surgeons, and but little importance can be attached to his statements. A plastic operation, by cutting a portion of integument from the inside of the

thigh, and adapting it to the vesicular opening, has also been suggested, and cures by this method have actually been reported by Jobert. His history of the cases, however, creates a doubt as to the accuracy of his statements, which, in connection with the want of confidence reposed in them by eminent French authorities, render his evidence at least doubtful.

Dr. Pancoast, had no confidence in any operation for this disease, where the orifice is large; when it is small, the caustic, the actual cautery, or the ligature, as recently practised by Dr. Barton, would no doubt be successful in some instances.

Mechanical contrivances to collect the urine, and prevent it from wetting the clothing of the patient, are the only resort in these cases. In one of Dr. P's. cases, the patient derives great comfort, from wearing a silver gilt machine, fitted to the vagina, and so excavated as to collect the urine, and convey it into a bag attached to its lower extremity.

Dr. Pepper suggested, that the operation for closing a large opening in the bladder, might be dangerous to life, by infringing upon the orifices of the ureters, and thus causing a regurgitation of the urine into the kidnies.

If, for instance, the orifice should extend laterally, in the fundus of the bladder, to near the edge of the ureters, as was the case on one side in Dr. Ashmead's patient, the effect of bringing the opposing surfaces together by sutures or other means, would be to obstruct or entirely prevent the passage of urine into the bladder, and thus to produce fatal retention within the kidney.

Dr. Pepper was induced to take this view, from having seen a case of cancer of the uterus, in which, during the progress of the disease, the vagina and bladder became involved, and ultimately, total suppression of the urine, followed by œdema, stupor, &c., took place. The patient died of serous apoplexy, and on examination it was found, that the ureters, had been obstructed by the extension to them of the cancerous disease.

Dr. Pepper, also believed, that the constant distillation of urine between the lips of the opposing edges of the vesicular opening, after they had been brought together by an operation, would prevent their entire union, and that the propriety of an operation, with this view, was in his opinion questionable.

Dr. Condie considered that any attempt to remedy, by a surgical operation, the inconvenience arising from a vesico-vaginal fistula of the character and extent of that described by Dr. Ashmead, must be perfectly futile, if indeed, it did not produce positive injury to the patient. The proposition, especially, to prevent the constant discharge of the urine, by occlusion of the external opening into the vagina, and thus converting the cavity of the latter into a species of cloaca, for the reception and temporary retention of the fluid, was liable, in his opinion, to too many serious objections, to

allow of its being performed in any case. Even admitting that the occlusion could be permanently maintained, and the patient was enabled, in consequence, to retain her urine, and at will, to discharge it—that the mucous membrane of the vagina should endure, without inconvenience, the contact of the urine, and that no extensive deposit of calcareous matter should occur, still he would apprehend, that, under certain circumstances, there was a danger of the urine accumulating, without the patient being aware of it, so as to distend the vagina, and, finding its way into the uterus, to pass, by the Fallopian tubes, into the cavity of the peritoneum. Such result from occcluding the vagina in cases of vesico-vaginal fistula was, he believed, by no means impossible or improbable. The fact that fluids thrown into the uterus, are liable to pass into the peritoneal cavity, and there excite fatal inflammation, is well established—and that the same may result from an over distension of the vagina by the urine, unless the free exit of the latter externally, could be secured, or if the discharge be dependent on a voluntary effort, the patient be apprised by appropiate sensations, of its accumulation beyond a certain extent, no one who has carefully examined the question, will, the Doctor believed, be inclined to deny.

ELECTION OF ASSOCIATE AND FELLOWS.

At the meeting in February, Peter Parker, M. D., one of the Vice Presidents of the Medical Missionary Society, in China, was elected an Associate of the College.

At the meeting in April, Caspar Wistar, M. D., and Charles Evans, M. D., were elected Fellows of the College.

Notice.—Individuals, not members of the College, may be supplied with the numbers of this Summary, by applying, post paid, to the Secretary, Dr. Henry Bond, No. 1 North Ninth Street, at the rate of twenty cents for each number.

QUARTERLY SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

MAY, JUNE AND JULY, 1842.

Stated Meeting, May 3d, 1842.

Dr. Otto, Vice President, in the Chair.

Present, sixteen members.

Dr. Parrish, read to the College, the following account of two cases of death from intususception of the bowels, communicated to him, within a few days, by Dr. Gregg, a respectable practitioner, residing in Race street.

On the 4th of April, 1842, Dr. Gregg was requested to visit the daughter of John Plumer, No. 177 North Front Street, aged about six months, and one of twins. Several hours previous to his visit, the child had been attacked with violent abdominal pain, followed by a profuse discharge from the bowels, of feculent matter, mixed with blood. Soon after his arrival, another bloody discharge took place, containing a small quantity of fœces. From this period to the termination of the case, the hemorrhage from the bowels continued unabated, notwithstanding a resort to a variety of remedies, such as are generally employed in such cases. On the afternoon of the following day, the 5th, Dr. Otto was associated in consultation; at this time the pulse was 135 in the minute, and the bloody discharges from the bowels continued to be frequent. At their visit on the following morning, the medical gentlemen were surprised to learn that the patient had died at 5 o'clock, A. M.

A post mortem examination was requested, and at first refused; but on urging its importance in reference to the other child, it was permitted.

On opening the body, an intususception of the lower portion of the colon into the rectum was discovered; the invaginated bowel was about three inches in length, and almost filled up the calibre

of the rectum. It was highly injected throughout its mucous surface, and through the peritoneum, presented the appearance of a sac filled with blood—no blood, however, was found effused within.

But the most singular part of the history is, that in about thirty-six hours after the death of this child, the same order of symptoms took place in the other twin. Abdominal pain followed by bloody discharges, and death in about the same period of time.

A post mortem examination in the latter case, was positively refused, although from the precise similarity of the symptoms in the two instances, no doubt existed in the minds of Drs. Otto and Gregg, that the disease was identical in both.

Dr. Gregg is unable to suggest any explanation of this remarkable occurrence, unless by supposing, that a like congenital defect existed, in that portion of the bowel in which the intususception occurred, in both these infants—but why they should have been attacked so near together, with symptoms so precisely similar, is indeed singular.

Dr. Rutter stated, that a case, in all respects similar to that just read, had fallen under his notice within a few days. A child, six months old, was attacked with severe abdominal pain, hemorrhage from the bowels, &c., and died in a very short time. Examination after death revealed an intususception of the lower portion of the ileum and cœcum into the colon—the whole of the cœcum being carried down and invaginated. Dr. Wallace, who conducted the autopsy, has the specimen in his possession.

Dr. J. Rodman Paul, had seen a case of death from intususception several years ago, in a child six years of age. The patient was attacked with pain in the abdomen, frequent inclination to go to stool, bloody discharges, and died in two days. On examination after death, the cœcum was found enclosed in the rectum, having actually been carried around the arch of the colon.

The Vice President, Dr. Otto, confirmed the statements made in the communication of Dr. Gregg—with the additional information that the most careful attempts were made by Dr. Gregg, to throw up injections into the bowels, but without success. He also stated that the symptoms and course of the disease in the two infants were remarkably similar—they were, in fact, as precisely alike as possible.

PUERPERAL FEVER.

Dr. Condie begged leave, as there appeared to be no other written communications to be presented, to call the attention of the College to a subject of very great interest to the medical profession, especially to those of its members engaged in obstetrical practice. He alluded, he remarked, to the prevalence, at the present time, of

puerperal fever of a peculiarly insidious and malignant character. So far as his own observations and those of his medical associates with whom he had conversed on the subject, extended, nearly every case of the disease that had occurred up to this date, had terminated fatally. Dr. C. was unable to state positively the exact extent of the fever, either in regard to the number of parturient females who have been attacked by it, or the limits within which it had as yet been confined. The remarks he was about to offer, were founded upon cases that had occurred in the southern sections of the city, and neighbouring districts. In the practice of one gentleman, extensively engaged as an obstetrician, nearly every female he has attended in confinement, during several weeks past, within the above limits, had been attacked by the fever. It is also known that the disease has occurred in the lying-in wards of the Philadelphia Hospital, at Blockley, and the Doctor has heard of several cases that have occurred in the northern and western portions of the county.

So far as the observations of Dr. C. extend, the disease has been found to occur alike in the young and middle aged—the robust and delicate—in those surrounded by every comfort and afforded every attention demanded by their situation, as in the poor and destitute —as well in those who were confined for the first time, as in those who had already borne a number of children—and as well after the most rapid and easy labors, as after those that were protracted and difficult.

Usually, within the first three days, but sometimes within a few hours, after delivery, the patient was seized with a chill, differing in intensity in different cases—being sometimes so slight as scarcely to attract attention, while at other times it amounted to a perfect rigor. The chill was quickly succeeded by a febrile reaction, attended with a hot, dry skin, some thirst, a white milky fur upon the tongue, and a quick, rapid pulse, amounting in some cases to 160 or 170 and upwards in a minute. The pulse was often full, but invariably soft and compressible. There was, from the very onset of the disease, a peculiar anxious or distressed expression of the countenance—and a mottled or irregular flushed appearance of the face. The patient soon after the attack, generally complained of some soreness or dull pain—often confined, at first, to the groins or across the hypo-gastric region. The pain was increased upon pressure. It very speedily, increased in intensity, and spread over the whole of the abdomen, which now became tumid and more or less tympanitic.

In many cases, the pain of the abdomen was described by the patient rather as a sense of soreness than of acute pain, and although augmented upon the slightest pressure being applied, the increased suffering was indicated more by the expression of the patient's countenance than by acute cries. Occasionally, the Doctor found that when the pressure was steadily continued, and gradually

increased, the pain would appear to be rather lessened than augmented. The bowels were usually constipated, but in all the cases which fell under the observation of Dr. C., they were easily acted upon—the exhibition of an ordinary dose of any mild cathartic, causing full and repeated evacuations, differing in appearance, being either ordinary fœces, or a dark colored, very offensive fluid—followed, more or less speedily, by the frequent discharge, with considerable tenesmus, of small portions of a slightly discolored mucus. In one case, in which the discharges from the bowels were very frequent during the entire continuance of the disease, they consisted entirely of small quantities of a transparent gelatiniforme fluid.

From the first onset of the disease the stomach was, in nearly every case, extremely irritable—rejecting soon after they were swallowed, the drinks and other articles taken by the patient. Occasionally, the frequent ejection, by vomiting, of a greenish flocculent fluid, occurred at an early period of the disease.

Very generally, so soon as the disease became fully developed, the secretion of milk, as well as the local discharge, ceased, or became greatly diminished—occasionally, however, the milk was secreted very freely until within a few hours before death, and the only change observed in the condition of the lochia, was in its becoming much darker, and exhaling a disagreeable, but not decidedly fœtid odor.

Soon after the occurrence of the abdominal pain and tumefaction, the respiration of the patient became short and oppressed, and attended with an intolerable sense of weight and uneasiness at the præcordia. Some of the patients referred all of their sufferings, in the advanced stage of the disease, to this peculiar and distressing sensation; declaring that if only this could, by any means, be removed, they would be well. The oppression and difficulty of respiration was not always found to be in direct proportion to the emphysematous distension of the abdomen.

As the disease progressed, the abdomen became, in general, more swollen, tense, and painful; the shortness of respiration more striking, and the pulse more frequent, quick and feeble—the countenance of the patient assuming a very peculiar, dusky hue, and dejected expression. The irritability of the stomach increased—vomiting became frequent—and, very commonly, there speedily ensued a discharge from the stomach, at short intervals, by a species of eructation, of mouthfuls of a dark greenish or chocolate colored, flocculent fluid, which, according to Dr. C.'s observation, was invariably a fatal symptom; it being very soon succeeded by a cold, clammy condition of the skin, occurring first in the extremities—a dark leaden hue and haggard expression of the countenance—a sunken state of the eyes—profuse perspiration, especially about the head, face, and superior extremities—and death. In one or two cases, death was preceded by violent delirium—an injected state

of the eyes—flushing of the cheeks—convulsive movements of the limbs, and other symptoms of encephalic inflammation; but, in the majority of instances, the mental powers of the patient were but little affected throughout the disease; death appearing to result from complete exhaustion of the vital powers, and occurred without a struggle.

In some of the cases, a short time previous to death, there occurred so complete a remission of all the distinguishing symptoms of the disease, as to induce the belief, even in the medical attendants, that the patient was about to recover. This remission was, however, in all the instances which have fallen under the notice of Dr. C., speedily followed by collapse and death. In one striking instance, seen by the Doctor, in consultation with Drs. Hewson and Hodge, the patient, on the fourth day after what was considered a very severe attack, was found sitting up in bed, free from fever, pain, and difficulty of breathing, nursing her child; on being questioned, she declared that she felt perfectly well, though weak—the next evening she was a corpse.

Death generally occurred upon the third or fourth day of the disease—in but few cases was the disease protracted beyond the fifth day.

The Doctor remarked, that it was a fact worthy of notice—though he was not aware it would throw much light upon the causes and pathological character of the disease—that in the neighborhoods and even houses in which cases of puerperal fever have occurred, erysipelas has prevailed to a greater or less extent. Erysipelas, has indeed been far more prevalent throughout the whole of the districts south of the city, during the past winter and spring, than Dr. C. has known it to be during the last twenty-six years.

An important query presents itself, the Doctor observed, in reference to the particular form of puerperal fever now prevalent. Is it, namely, capable of being propagated by contagion, and is a physician who has been in attendance upon a case of the disease, warranted in continuing, without interruption, his practice as an obstetrician? Dr. C., although not a believer in the contagious character of many of those affections generally supposed to be propagated in this manner, has nevertheless become convinced by the facts that have fallen under his notice, that the puerperal fever now prevailing, is capable of being communicated by contagion. How otherwise can be explained, the very curious circumstance of the disease, in one district, being exclusively confined to the practice of a single physician, a Fellow of this College, extensively engaged in obstetrical practice—while no instance of the disease has occurred in the patients under the care of any other accoucheur practising within the same district; scarcely a female that has been delivered by this gentleman for weeks past has escaped an attack? Wishing to confine his remarks on the present occasion entirely to the facts that have fallen under his own observation since the occurrence of the

disease in this vicinity, Dr. C. declined referring to the numerous facts upon record, in proof of the contagiousness of puerperal fever.

The cases of the disease that have fallen under the notice of Dr. C., have been very variously treated; in the majority of them, the effects of Venesection in the first stage, followed by active purgation, have been very fully tried, followed by fomentation and blisters to the abdomen, and Dovers powder, the nitrous powders with calomel, pills of blue mass, opium and ipecacuanha, spirits of turpentine, &c., internally. Under every variety of treatment the disease has appeared to run pretty much the same fatal course. So far as the observations of Dr. C. extend, the disease is not one in which active depletion, but more especially by the lancet, will be found to produce any good effects:—in fact, in no one of the cases in which he has been consulted, could he be induced even in the earliest stages, to give his consent to the detraction of blood to any extent—so strongly did the character of the pulse, and all the symptoms present contra-indicate it. In one instance the extensive application of leeches over the abdomen, appeared to him, to cause a very decided abatement of the pain, and more urgent symptoms of the disease; but from the rapidity with which the patient subsequently sunk, and the early period at which death took place, he is fearful that the occurrence of the fatal collapse, was accelerated by the leeching.

In the cases of the disease which have occurred in the Philadelphia Hospital, Blockley, the effects of direct depletion have been very fully tried—in every instance, however, in which venesection has been resorted to, in that institution, if Dr. C. is correctly informed, the disease has terminated fatally.

Blisters to the abdomen were certainly beneficial in every instance, by the abatement they procured of the pain and intumescence—applied over the præcordia, they appeared, in some instances, to relieve very decidedly the oppression and distress caused by the difficulty of respiration.

In one case, the administration of small doses of acetate of lead in solution, suggested by Dr. Hewson, very speedily abated the irritability of the stomach, so as to enable it to retain the drinks and remedies subsequently administered, which previously had been almost immediately rejected.

Dr. Huston enquired of Dr. Condie, whether all the children of the females who had died of the disease in the southern districts, were living—and if not, whether an examination had been made after their death, and what was its result?

Dr. Condie replied, that the majority of the children were still living and doing well. In three of the cases attended by Dr. Rutter, who had seen the greatest amount of the disease, the children were still-born; two being in an advanced state of putrefaction; in two other instances the children had died of erysipelas, one shortly after birth, the other three weeks subsequently.

Dr. J. R. Paul enquired what had been the result of the autopsies in the cases that had fallen under the observation of Dr. C.?

Dr. Condie replied, that he had declined availing himself of the very few opportunities afforded him for making a post mortem examination of those who had died of the disease. Being somewhat extensively engaged in obstetrical practice, he considered it a matter of prudence to subject himself as little as possible to contact with the diseased secretions, poured out, in this disease, into the cavities of the abdomen, or of the uterus; he believed, however, that his friend, Dr. Rutter, who was present, had made several examinations after death in cases that had fallen under his care, the result of which he would no doubt state to the College.

Dr. Rutter replied, that in three cases of the disease, which had died under his care, a post mortem examination had been made by Dr. Ashmead, to whom he would refer the College for the information desired.

Dr. Ashmead had found in all of these three cases nearly the same lesions, differing only in degree. In the first case examined by him, there was general peritoneal inflammation, with slight effusion of serum with flocculi floating in it; serous infiltration in the cellular tissue of the broad ligaments, a little lymph on the surface of one of the ovaries, a rose coloured blush covering the peritoneum of the uterus and intestines, no adhesion among the intestines, and great tympanitis. The uterus being laid open presented a perfectly natural appearance. In the second case, the patient had died on the sixth day. There was the same appearance of peritoneal inflammation, but in a higher degree, with serous effusion, and slight recent adhesions between the peritoneal surfaces of the intestines. Pus was found in the cellular tissue of the broad ligaments, in the structure of the uterus, and Dr. A. believed, also in the cavity of the veins—the uterine cavity was healthy. This patient had vomited a dark or coffee colored substance, a quantity of which was found in the stomach after death. In the third case, the patient had died on the third day. A large quantity of lymph was found effused in the cavity of the peritoneum, with a copious deposite of pus in the broad ligaments. Dr. Ashmead thought, that the veins were also involved in this case, but Dr. Hodge, who was present at the autopsy, did not consider the appearance sufficiently positive to substantiate this conclusion. In this, as well as in the other cases, the liver, spleen, and kidneys were softened, as is seen in cases of low, malignant fevers. In one of the cases, the stomach contained a fluid resembling coffee grounds, and probably the same as the black vomit of yellow fever; the follicles of the mucous membrane of the stomach, were in this case, enlarged, although its mucous surface was not inflamed. Dr. Ashmead had participated in the treatment of several cases. In one case the patient really seemed to have improved, and there appeared to be a fair prospect of recovery, had it not been for the

enormous tympanitis, which, by preventing the free action of the lungs, was, in the opinion of Dr. A., the immediate cause of death in these cases. Efforts were made to draw off the gas by the tube and syringe, but without success, and the patient died. It was found after death, that the gas occupied the small intestines, the colon being nearly empty, which accounted for this failure. Dr. Ashmead had seen leeches used largely in one case, with great relief, and with an apparent improvement in the pulse, but the patient died. He had also tried the free use of tartar emetic, with no better result. He had not certainly the same fear of depletion as Dr. Condie—notwithstanding the unfavorable result of the cases in which he had seen it resorted to.

Dr. Huston, wished to be informed, if there was any extraordinary hemorrhage in the labors which preceded the disease.

Dr. Condie replied, that nothing unusual had happened in the course of the labors in the cases of the disease which had fallen under his notice; the lochial discharge in most instances was rather less than usual, and generally of a darker and more grumous appearance. The milk was secreted abundantly at the usual time, and the patients appeared to be, in every other respect, doing well, until the moment of attack.

Dr. C. had alluded before to the sense of oppression complained of by the patients, and to the shortness and difficulty of respiration. He did not believe with Dr. Ashmead, that this was owing entirely to the tympanitic distension of the abdomen. He was inclined to refer it rather to the extension of the inflammation over the surface of the diaphragm. It was not always in proportion to the extent of the tympanitis—and was generally absent so long as the pain or soreness was confined to the lower portion of the abdomen, but invariably ensued so soon as the pain had extended over the whole abdomen—and was always attended by an intolerable and indescribable sense of distress about the region of the præcordia. The diaphragm appeared to the Doctor to cease to act when the difficulty of breathing was at its height—respiration being carried on entirely by the intercostal muscles.

Dr. Huston, rose to make some statements in reference to the appearance of this alarming disease in the Philadelphia Hospital, with which institution he was connected as obstetrician. About two weeks since, he and his colleague, Dr. Gillingham, were sent for on account of the occurrence of the epidemic.

Three or four cases had died under the treatment of the house pupils, and three cases were then pending.

These had been largely depleted, and had taken active cathartics and enemata, without producing any action on the bowels, which appeared in all of them to be remarkably torpid. These cases also died.

One woman had been delivered about twenty-four hours previous to their visit, and had just been seized with the disease; her res-

piration was very bad, pulse rapid and compressible, tongue of a cream color, (which Dr. H. had noticed in all the cases,) restlessness extreme, face suffused, being red and blue in spots. These symptoms had been preceded by a heavy chill, and the case was considered a very severe one, in its incipient stage. Dr. Huston ventured to suggest a change in the practice, especially as all the other cases had died. He proposed a full dose of opium, (2 grs.) with calomel, sinapisms to the feet, carbonate of ammonia julep, &c. —no blood was abstracted from the arm—and under this plan the patient recovered.

Dr. Huston was informed by Dr. Barron, the house pupil, that all the children, born of the women who had died of this epidemic, had died of peritoneal inflammation. The lying-in ward has since been cleared, and the patients removed to other parts of the house. Three women confined during the prevalence of the epidemic, escaped the disease. One of these was a cripple, who occupied a bed in the same room with those who had died. Dr. Huston has not seen the disease in private practice.

Dr. H. is opposed to the use of the lancet in the epidemic. The condition of the nervous system is such as utterly to forbid it. It is from the first broken down by the poison producing the disease, and all the symptoms indicate an opposite course of treatment. The experience of this city, Dr. H. believes, does not justify the practice. In the present epidemic it has certainly failed, and in the only case of recovery which he has seen, it was not used. This corresponds with his observations in former years. Dr. H. has tried the antimonial practice, and believes it may answer a good purpose in mild sporadic cases, but not in these malignant cases. The epidemic and sporadic cases are altogether different.

Dr. Huston has noticed a tendency to erysipelas, lately, and has seen three cases of severe illness in men, bearing an analogy to the disease under consideration. There was the same appearance of the tongue and pulse, the same violent abdominal pain, as in this epidemic. One of these patients had died—neither of them would bear the abstraction of blood.

Dr. Condie remarked, that from the description given by Dr. Huston of the epidemic at the Alms House, he should think it a somewhat less malignant form of the disease than that which is prevailing in the southern part of the city. The practice adopted by Dr. Huston, with calomel and opium, &c., had been tried fairly in one case, in which he was in attendance, but without success. Dr. C. had not practiced venesection in any case—the state of the pulse and of the system generally, in his opinion, forbid it, in every instance which he had seen. Drs. Hewson, Neile and Hodge, with whom he had been associated in consultation in several cases, had coincided entirely with him in the views he entertained as to the inadmissibility of any extensive depletion.

Dr. Ashmead remarked, that he did not coincide with some of

the other Fellows who spoke this evening, as to the contagiousness of the complaint. He had heard of the appearance of the disease in Lower Dublin, and at Germantown, but it was by no means general, nor did it invariably follow in the track of any physician.

Dr. Condie replied, that there was a great difference between the facility with which contagion could be conveyed by a practitioner of midwifery, engaged in a large city practice, attending probably three or four cases of parturition daily, and within a very few hours of each other—and by an accoucheur in the country, whose annual practice would, perhaps, fall far short of that of one month of the former, and between whose cases, consequently, there elapsed often days or even weeks—thus, under ordinary circumstances, rendering it very difficult for him to communicate contagion from one of his patients to another. One fact would seem, however, to establish the eminently contagious or infectious character of the more virulent cases of puerperal fever, and which is, that where it occurs as an epidemic in the lying-in wards of an hospital, no other means have been found to prevent the spread of the disease among the inmates and check its further occurrence, except that of dispersing the patients and abandoning the wards. It has even happened that after the wards have been fully cleansed and ventilated, and remained vacant for some time, on their re-occupation the disease has broken out anew.

Dr. Rutter observed, that after the occurrence of a number of cases of the disease in his practice, he had left the city and remained absent for a week, but on returning, no article of clothing he then wore having been used by him before, one of the very first cases of parturition he attended was followed by an attack of the fever, and terminated fatally—he cannot readily, therefore, believe in the transmition of the disease from female to female, by a contagion conveyed in the person or clothes of the physician.

Dr. Warrington remarked, that although he had recently seen several cases of severe puerperal peritonitis, and metritis, he doubted whether these partook of the character of the disease that had been described by Dr. Condie, as having been so fatal in the southern part of the city. In reference to the idea of the contagiousness of this disease, and of its relation to erysipelas, he would state facts as they had occurred under his observation, but would advance no opinion. The first case of the disease, Dr. W. saw in the commencement of the first month of the present year, in consultation with Drs. H. S. Patterson, and Perrine. This occurred after a severe labor, in which instruments were used, and which was attended with alarming hemorrhage. The patient was attacked with rigor on the fifth day after delivery, followed by the symptoms of peritonitis. She died on the fifth day.

There was great tympanitis, and on examination after death, a large quantity of flocculent lymph and pus, mixed with a serous fluid, were found effused in the abdominal cavity, which the Doctor

laded out with his hands. In the right pleura there existed adhesions, both chronic and recent. A few days after this, Dr. W. was called upon to deliver three women in rapid succession. One of these was attacked soon after her labor, with metritis; and another had inflammation of the peritoneum covering the uterus; both were very ill, but recovered under free depletion. In the third case, the labor was very severe and protracted, and the child was still-born. The patient was attacked with puerperal peritonitis, was bled freely, but died on the fifth day after the disease. Soon after these, Dr. Warrington was called to another case, in Baker street, (west of Broad street,) in which there had been great hemorrhage, and a portion of the placenta was retained within the uterus. This patient was attacked with peritonitis in a severe form on the second day; the pulse was quick and active, and the skin hot; she was bled freely with decided relief, and an improvement in the pulse. The operation was repeated, and other antiphlogistic treatment was instituted. She died on the fifth day. Another woman delivered on the same day, was similarly attacked, within forty-eight hours after confinement, and died on the fifth day. The treatment was similar in the two cases.

The nurse who attended upon this patient, was attacked with violent erysipelas of the face and scalp a few days after, and died. The system being so prostrated as seemingly to forbid the lancet, she was not bled.

In three of the fatal cases, autopsies were made, at which Dr. Warrington was not present, from a fear that he might more readily communicate the disease, if he participated in them. The appearances were represented to be similar to those stated by Dr. Ashmead.

After these cases, about the beginning of the second month, Dr. Warrington was summoned to a female who had been delivered by one of his pupils. The symptoms of puerperal fever of a severe form were just commencing—pulse frequent. Immediately, twenty-four ounces of blood were drawn, which caused fainting. Relief followed the bleeding, which was repeated at intervals of several hours, three times, until seventy ounces in all had been taken away. A large blister was then applied over the abdomen. The patient recovered. The nurse who attended upon her had severe erysipelas of the leg, from which she recovered.

Soon after, a respectable female, in Front street, had a very severe labor, attended with profuse hemorrhage, and gave birth to a putrid child. She was attacked, in twenty-four hours, with violent pain in the right iliac region, chilliness, fever, &c.—pulse strong and frequent. She was bled about sixty-five ounces, in thirteen hours, and was blistered over the abdomen. She also recovered.

Dr. Warrington's experience in the cases which had fallen under his notice, was directly in favor of free depletion. He had not seen it tried, however, in the violent and malignant form of the disease described by Dr. Condie.

Dr. W. stated, that he had a few days since received a letter from a medical friend in Doylestown, Bucks county, informing him of the prevalence of puerperal peritonitis in that district of country, with the promise of a detailed account of its origin and progress, at a future period.

Dr. West stated, that some facts, in proof of the contagiousness of puerperal fever had been related to him by Dr. Jackson, of this city, formerly of Northumberland, and a Fellow of this College, who he regretted was absent this evening.

Whilst practising in Northumberland county, seven females delivered by Dr. Jackson in rapid succession, were all attacked with puerperal fever. The first and fourth of these cases were freely bled and purged, and recovered, the others terminated fatally.

"Women," the doctor remarked, "who had expected me to attend upon them, now becoming alarmed, removed out of my reach, and others sent for a physician residing several miles distant. These women, as well as those attended by midwives, all did well; nor did we hear of any deaths in child-bed within a radius of fifty miles, excepting two, and those I afterwards ascertained to have been caused by other diseases. I now began to be seriously alarmed on the score of contagion. Although I had used some personal precautions before, I now feared that they had not been sufficient.

"To the next case of parturition, then, I did not go without, as was supposed, a thorough purification. This woman was attacked with the disease and died, I then recollected that I had worn to her house the same gloves, lined with flannel, which I had worn through all my previous attendance. I do not pretend to say that this was the source of the contagion in this case. I merely state the fact.

"During the next two months, I attended several obstetrical patients, who all did well; and then I was again horrified with a decisive and violent case of the fever. The patient recovered under the most vigorous depletion by bleeding, puking, sweating, and purging. A ninth case soon after occurred, and was cured by the same means.

"No contagion, it is certain, could have reached these last two cases, unless through the medium of injection pipes and bladders, which had been used by them a day or two after delivery, and which I found were the very instruments that had been used in two of my former cases, and then put away, probably without any purification.

"It may be worthy of remark, that the house in which the first case of the disease occurred, was filthy almost beyond comparison; add to which, I was attending and dressing a limb extensively mortified from erysipelas, and went immediately to the accouchement with my clothes and the unfortunate gloves most thoroughly imbued with the effluvia of that sphacelation. The erysipelas had been very prevalent for six months and difficult to manage.

"Never before nor since that time, have I seen any thing similar to this disease—nothing similar even to the four cases that recovered. The disease is indeed exceedingly characteristic, and may be recognised even by the countenance."

Dr. Stewardson was the resident physician at the Pennsylvania Hospital in the year 1830, when an endemic of puerperal fever broke out in the lying-in ward of that institution. The symptoms which characterized that epidemic, were strikingly similar to those described by Dr. Condie. The patients all died. In those who were examined after death, the appearances were the same as are described to have occurred in the present disease. The treatment was various; but the lancet or leeches, with blisters, &c., were resorted to in most of the cases.

Nothing arrested the progress of the disease, but the entire evacuation of the wards, and closing them against farther admissions. Erysipelas was prevalent in the surgical wards at the time.

In the following year, the wards were re-opened, soon after which, three cases of the disease occurred in rapid succession.—They, however, were of a milder form, the pain and inflammation appearing to be more local and circumscribed.

The late Dr. James was in attendance at the time. His practice was to bleed moderately in the beginning, and then to give calomel and opium in repeated doses, until the gums were touched. Two of these three cases recovered, and one died.

Dr. Henry H. Smith, stated that while in Paris, several years ago, an epidemic of puerperal peritonitis, broke out in the lying-in wards of the Hopital de l'Ecole de Medicin, under the care of Cloquet; erysipelas prevailed at the same time in the surgical wards of Dubois, situated a short distance from the lying-in department. Cloquet relied chiefly on calomel and opium, and mercurial frictions, pushed so as to induce speedy salivation.

While the epidemic prevailed, most of the children born in the institution, were still-born, or died soon after birth with peritonitis. Dr. Smith saw several of these examined—and observed that the inflammation was confined to the peritoneum lining the abdominal parieties. It was supposed by some of the French pathologists, that the inflammation had extended, in these infantile cases, along the veins of the chord, and thus communicated to that portion of the peritoneum.

In the adult cases, which Dr. S. had seen examined, pus was found in the veins of the uterus—and in one case, he saw it in the vena cava.

During Dr. Smith's residence in the Pennsylvania Hospital, in the years 1837 and 38, erysipelas made its appearance in the surgical wards; and although every means were employed to prevent it, two cases of puerperal peritonitis appeared in the lying-in ward. These were bled freely, and placed upon calomel and opium, until the gums were made sore. One case recovered, and the other died.

Stated Meeting, June 7th, 1842.

Dr. Otto, Vice President, in the chair.

Present, twenty-four members.

The following gentlemen were elected *Associates* of the College:

Benjamin W. Dudley, M. D., of Lexington, Ky.
Nathan R. Smith, M. D., of Baltimore, Md.
John Hubbard, M. D., of Hallowell, Me.
Thomas Sewall, M. D., of Washington, D. C.

And Gotthilf Moehring, M. D., of Philadelphia, was elected a *Fellow*.

A Chinese work on Natural History, in three parts, quarto, was presented to the library of the College, through the Secretary, by Peter Parker, M. D., one of the Vice Presidents of the Medical Missionary Society in China.

The Committee of revision and publication of the United States Pharmacopœia, presented, through their Chairman, Dr. Wood, a copy of the revised edition, for the library of the College, and eight copies to be disposed of, as the College may deem proper.

Dr. B. H. Coates presented, for the library, a copy of his publication entitled "Remarks on the present state of the evidence in regard to the larva of the Hessian fly."

Dr. Wm. Poyntell Johnson, was appointed to prepare for the College, a biographical notice of Dr. Carter N. Berkely, late a Fellow of the College, (who died April 16th, ult.)

On motion of Dr. B. H. Coates, the following resolution was adopted:

Resolved, that the thanks of the College be presented to the Committee of revision and publication of the United States Pharmacopœia, (Drs. Wood, Bache, and Dunglison,) for their long arduous and successful labors, in completing the recent edition of that national work.

The "*Annual Report on the Theory and Practice of Medicine*," was presented and read by Dr. S. Jackson—of which Report the following is an abstract:—

The subject which has been delegated to us on the present occasion, is a retrospect of the Theory and Practice of Medicine for the last twelve months. It is a theme which we could not have chosen at the present time, either for pleasure or profit: for though this department of Medicine has not been stationary during the specified period, yet it must be confessed that no illustrious progress has been effected.

But though we have made no grand *anabasis*, it must not therefore be inferred that the noble career is obstructed. The progress is ultimately sure, though sometimes almost imperceptibly slow, and even affected by temporary retrogradations. Our science is the rock of health in the voyage of life. As the most skilful mariners are occasionally driven from their course by counter currents and contrary winds, so is the voyage of science sometimes delayed by the currents and winds of popular prejudice, presumption, and interference, as also by a thousand latent dangers, one of which has long been the allurements of that very theory in medicine our appointment requires us to notice. It is indeed the most enchanting syren of the voyage, and few there are who have not lent a captive ear to her melody.

Theory in Medicine imports a certain invention or imagination of formal causes, which, though deduced from a limited number of facts, is yet supposed to explain the phenomena of life, of disease, and the operation of medicines. The physician who has established himself in a few principles, derived from a hasty generalization of facts or conceits, embraces in one grand contemplation the whole science of medicine in all its leading details. Hence, M. Quesnay says of Boerhaave's system, that it exhibited *la Médecine collective.*

Impressed as the present writer has long been with the injurious consequences of these hasty generalizations, and comprehensive systems, he is happy to announce, that the world has not been troubled with them for the last few years. There is now no excluding theory; none has been proposed as exhibiting *la Médecine collective.* The reveries of Cullen and Darwin, Rush and Broussais, are now neglected, and their place supplied by the ready utility of practical and well concatenated facts. And should some commanding genius, a second Cullen or another Rush, produce a system of medicine with one hypothesis resting on another, in the fashion of former times, his book would find no favor in the eyes of a profession which now seeks truth and utility in facts alone. "Had I been disposed," says Dr. Gall, "to feed on smoke, I would have yielded more than twenty years ago to the cacoethes of publishing my first perceptions of a physiology of the brain; but I am prouder of the least discovery in science than of inventing the

× late of Northumberland —

most brilliant system." These are his words on finishing his great work on the Functions of the Brain—"*Je suis plus glorieux de la découverté de la plus mince vérité, que de l'invention du plus brilliant système.*"

It is probably the fault of great and comprehensive minds, Dr. Gall excepted, as above seen, to become impatient of laborious inquiries which are not immediately fruitful, and therefore to run into hasty conclusions. Instead of patiently investigating all the recesses of science, with the lamp of life in their hands, they light up a glaring and portentous lustre, an *ignis fatuus* from the fires and vapors of their own imaginations. This was probably exemplified in the medical history of that truly great man, Dr. Rush. He saw that fever had always been modified by numerous causes, that the symptoms and effects common to all fevers were numerous, while the pathognomonics and diagnostics of any particular fever were few and uncertain; that hence no sure distinction, no satisfactory arrangement could be made, as the naturalists have done in the vegetable and animal kingdoms, therefore he cut the Gordian knot. "There is, there can be but one fever," this venerable man was accustomed to exclaim, with his unparalleled eloquence and heartfelt zeal for his favorite theory. Now this astounding quotation has always appeared to us, as the sincere expression of an inability to distinguish, rather than the positive expression of a fact—an acknowledgment that the human intellect is too obtuse to diagnosticate and define; for he immediately divides this one fever into many states of fever, which surely were never seen to run wholly into each other.

Our illustrious theorist having succeeded to his satisfaction in establishing the unity of fever, soon found it equally easy to admit but one disease. This was a melancholy retrogradation in medicine. "Of all diseases," says Hippocrates, "the modus is the same, the location differs. They appear indeed to be entirely dissimilar on account of the different circumstances of their seat, when yet the idea of them is one, and the very cause the same."* The sage promises to prove this in the next chapter, and perhaps did to his own satisfaction.

Minds of the warmest benevolence are often precipitate. No sooner did the French reformer, Broussais, ascertain that the mucous coat of the stomach is often excited in fevers, and that inflammation may be radiated from this organ to the brain, than a new doctrine is invented and a new nomenclature appropriated. What had heretofore been called remittent fever, became gastro-enteritis, gastro-entero-encephalitis, gastro-duodenitis, gastro-entero-cerebro-colitis, gastro-entero-dicliditis, &c., &c. This nomenclature would become troublesome indeed if fairly carried out in nosological arrangement. What combination of Greek words would express all the occasional

* De Hectibus sub principio.

rapid metastases of that one essence, that one indefinible and incomprehensible *ens*, the world has agreed to call gout?

A new sect is now formed, partly, however, on the previous labors of Bichat, which, appropriating most that was truly useful in Medicine, styles itself *Physiological.* All others were now held as perturbators or perverters of the salutary operations of nature, and to them was applied this text—"the kingdom of heaven suffereth violence, and the violent take it by storm." The metaphor is thus applied by an eminent genius, but it also seemeth to us to have *suffered violence.* The perturbators now received no quarter; they were assailed alike by the hoary professor and the beardless novice:—the periodicals were filled with cutting missiles, which deeply wounded those who had no power to return the blow:—the young graduates went abroad *les têtes montées*, their contempt wound up to the highest pitch for the whole family of perturbators —whom they astonished with the new learning, and to whom they verified the saying of Scripture, that "Heaven had chosen the foolish things of this world to confound the wise." They depended on gum water, when the gastro-intestinal mucous membrane, as it was now called, was crammed with acid, and inflaming secretions; but these being, as they said, "the production of a certain condition of the secreting surfaces, they bear most generally a relation to that condition, whether natural or pathological, and when the two are in the same relationship, the secretions, however morbid, cannot re-act on the organs." Now, unfortunately for this reasoning, the morbid bile was in the stomach and bowels, neither of which was its secreting surface, neither of which could tolerate the extraneous acrimony; hence what had been a mild idiopathic fever, soon involved the brain in a fatal phlogosis. In some cases, we had incontestible evidence of patients having passed in the agonies of death, what Huxham on the same occasion calls—abominably fetid, black, bilious, tar-like stools.

But practice, learned experience, as Bacon calls it, annihilates all imaginations in medicine; hence the older practitioners who had ventured on the devious path, soon retraced their steps, and their junior brethren were not slow to follow. But now when the doctrine is gone, the unfortunate name remains—a name by no means appropriate to any system or sect. All consider themselves as physioligical, and all are such according to the light they possess "Most systems of medicine," says professor Jackson, "were erected on the physiological notions of the times"—an oblique acknowledgment, that the time has not yet arrived for the just arrogation of this high-sounding title.

Thus all comprehensive theories in every uncertain art must sooner or later pass away, as the luminous vapors of opinion must be lost in the ever multiplying lights of science. Yet Dr. Darwin, the brightest medical genius of the eighteenth century, in the very infancy of physiology, had hoped that his system would

"stand, like the Newtonian philosophy, a rock amidst the waste of ages." It is impossible to conceive how so wise a man could compare the principles of medicine to those of the Newtonian philosophy—the ratiocinations of an uncertain to those of a certain and infallible science. One generation had not passed away ere the rock which was to stand through the waste of ages, was itself wasted and given to the winds.

The second part of this paper relates to the Practice of Medicine, and here it is some comfort to announce, as did the Trojan prince on entering Elysium from the glooms of Tartarus, that brighter prospects are opening upon us: *Largior hic campos æther lumine vestit.* For though, as we have already said, there has been no grand *anabasis* during the last twelve months upon which a writer can expatiate with delight to himself or entertainment to his readers, yet some excellent books have been published, some new and plausible methods of treatment have been proposed, and the whole science is resplendent with its peculiar honor and dignity. Yet it must be confessed that, here and there, a solitary member of the profession fancies he can look back to periods of juster principles and brighter illuminations, to sounder practice and happier results. Nothing, we are persuaded, can be more erroneous. In no age of the world did the science flourish as it does at the present. Never did it promise or perform so much; never till lately was it wholly based in the everlasting foundation of facts and plausible induction: and when it is considered what minds are now engaged in the ardent cultivation of medical science, their many importunate motives for unwearied exertion, their frequent friendly communications, that generate a certain medical atmosphere in which, as the Scripture says, "they seem to live, to move, and to have their being," there is every reason to believe that the highest hopes cannot be disappointed. It cannot now be denied that physicians are an harmonious body. The contentions and jealousies that once existed, are now totally unknown in Philadelphia, and there is every reason to believed that the same good fellowship obtains throughout the profession in America. Even rival schools can now exist in the same city without envy and without reproach.

But however harmonious physicians may be in Philadelphia, their opinions, as might be expected, are not in unison on every subject. Whoever expects this in an uncertain science, expects an impossibility. But though an entire accordance cannot be attained, it would yet be highly to the honor of the profession, to render their *concordia discors* as unfrequent as possible; therefore instead of noticing the various publications of the last year, an ungrateful task, we shall merely note some deficencies in the practice of medicine, which merit particular attention.

There is one point on which some physicians are more communicative than the interests of the profession or even truth would seem to require, maintaining that fever must run its natural course

whether for life or death, and that it cannot be safely abbreviated by medical means. Swift, because he concealed the good and exposed the evil of his character, was called a hypocrite reversed; these men by obtruding the supposed inabilities of medicine, might not unjustly incur the same imputation. A long and intimate acquaintance with fever, particularly the scarlet, remittent, and typhus—has convinced us that these diseases are often shortened and too often fatally prolonged by medicine. We shall not even except the small-pox and measles, under particular circumstances; for when these tend to congestion or local phlogosis, the re-action prolongs the original disease.

The opinion, that the course of a fever is limited to a certain day, seems to ally it to the march of an army to battle, or to the *passus militaris* of the Romans, which was to carry them to a certain place in a given time, whether the way was smooth and facile, or obstructed by whatever impediments; whereas it should rather be likened to the journey of one whose intelligent servant smoothes the way, and thus secures and hastens the passage. So the *servant of nature*, who secures a mild disease on every succeeding critical day, will attain an early solution; whereas the converse of this will prolong the fever, and often to a fatal termination. We are well aware that it is not our province to discuss this subject; we merely mention it as one of the discrepancies or rather one of the diseases of the profession, to cure which would contribute greatly to its honor and dignity. In all our intercourse with the non-professional, let us remember, they are totally ignorant of the laws of the animal economy, and therefore, beware of scattering, as did Ulysses, ambiguous phrases among them, which passing through unlearned heads, are sure to be misunderstood and distorted.

With respect to another practice, in which there ought to be a nearer approach to unanimity, there are two opinions in direct antithesis. The old practice of annihilating fevers by antimony, fell into the horrors of many, as soon as Brussais' doctrine had taken possession of their minds. Experience, however, which always rises paramount at the sick bed, and which has often shown that the most irrational theorist may be a very skilful practitioner, soon restored the recently lost honors of the old febrifuge, with a portion of even the *Physiological* physicians. They could not fail to remember, that during the many years they had used this medicine, they had seen it do much good and no evil; that they had known it to annihilate fever without any increased evacuation, thus showing its pre-eminent febribuge powers; nor could they fail to reflect, that what they had given so largely, with every evidence of benefit, could not be that omnipotent evil they had dreamed of in tartar emetic. Hence a re-action has been effected in favor of the condemned medicine; and so far indeed has it been carried, that some of the French physicians use it even in typhus fevers, wherein its most strenuous advocates in America consider it as seldom admissible.

But still some of our number refuse to prescribe it in remittent fevers, in scarlatina, in phlogosis of various serous membranes, and some go so far as to denounce it even in pneumonitis; whilst others consider it as of primary utility in nearly all fevers wherein the excitement is to be reduced, and a centrifugal determination obtained. One party supposes the other to do great evil, whilst this must reflect on the first for omitting to do much good. This is a discrepancy among physicians of the highest grade which ought not to exist; it is a problem in practice that merits our serious investigation, and therefore, in the language of Bacon, we note the subject as wanting.

Another of the most distinguishing traits of the present practice, is the use of Iodine. Mercury was called the Sampson of medicine; if there was ever a stronger man than the Syrian giant, we should certainly give his name to this mercury of the nineteenth century, which is now in almost universal use in relation to all the mysteries of deobstruction and alteration. It is a medicine of great power, both for good and for evil. It is stated, during the past year, that when given for goitre to a young, healthy, blooming, full-bosomed girl, it soon removed the disease, and with it all the patient's appearance of health, and every vestige of her mammary glands. But the wonder did not cease at this interesting point; for in about twelve months nature had restored to this fortunate bereft, her entire mammæ as also her former healthy appearance—all this most happily too, without any return of her pristine disease.

In one young girl to whom it was given for goitre, it emaciated her, destroying her health and beauty without removing one half of her disease. We saw her occasionally for six years, after this cruel experiment, and she had not then recuperated in the smallest degree. This tremendous medicine has even been known to remove the testicles, thus effecting a complete emasculation. These facts, however, are not arguments against the use, but cautions against the abuse of the new medicine. Even bark and mercury did far greater evil before physicians had learned their many virtues.

The late successful use of this medicine in erysipelas is a highly important fact, but here alas! we have to remember the fate of the lately vaunted mercurial ointment. In fine, the Iodine is the Catholicon of the present time, which all must acknowledge is a medicine of no ordinary powers both for good and for evil, as also one that merits a patient investigation. The mere drudgery of experimenting is past; the reasons of its use are pretty well ascertained, and further investigation will bring pleasure to the philosophical physician, and no little profit to the profession itself.

In the treatment of *Delirium Tremens* there is still much diversity of opinion, notwithstanding the frequency of the disease, and the many fair opportunities of experimenting. The milder moderate minds and attainments who can favor a trade which

cases are no doubt easily cured by simple incarceration or by an emetic; by a few grains of opium, or moderate doses of alcohol. These are the cases too, in which blood-letting does not prove fatal. We must believe it is the frequent cure of these milder cases which has led many reporters into error, and this is one of the abuses incident to the *numerical system.* After a long and multitudinous practice in this disease, we are constrained to believe that large doses of opium save many patients who by any other known means would be certainly lost; but this must be acknowledged to be a perilous practice, sometimes approaching too near the confines of homicide. Here then is an interesting field for investigation, and we venture to predict that some sedative will be found therein of equal power with the poppy, and of less danger, some yet diviner medicine which may occupy the morbid excitability, and leave to nature the privilege of healthy sleep. This subject must be noted as particularly deficient, and as one that ought to be labored with peculiar care, since the cure of severe cases remains the same that it did thirty years ago, for sleep procured by opium was then as it is now, the only sovereign remedy. It is true, much has been learned with respect to the appropriate dose of this medicine, but here the progress ends. The proximate cause of the disease is one of the unsearchable mysteries of the cerebral and nervous systems.

Homœopathia has become an evil of such magnitude that it ought to be opposed by all the powers of the regular profession; but how to do this in a manner consistent with the honor and dignity of science, and at the same time with any hope of success, is perhaps an impracticable problem. To make an honest impression on those who are interested in the trade, need not ever be attempted; and as to their advocates, they of course will not stand forth convicted of their own folly. They afford a lively example of the Hudibrastic satire—

> "Convince a man against his will,
> He's of the same opinion still."

The profession has nothing to fear with respect to loss of emolument, but they have to complain that it distracts the minds of many well meaning people who are ignorant, as nearly all are, of the principles of the Hippocratic art. It is vain to tell them that an experimental practice which began not fifty years ago, and which received but little attention the first thirty years, must be as yet in darkness and hesitation, even if it rest upon the true and everlasting principles of the healing art. It is equally vain to tell them that nature cures nearly all diseases, and that the physician is merely her servant, helping her in all her disabilities and correcting all her aberrations; it is vain to reason with them at all, for as Locke says, "where premises are not settled there can be no argument." But is it not an eightth wonder of the world, that there are men of at least

originated with a vagabond doctor,* without business or character, a trade which tramples upon the recorded experience of more than 2,000 years; which despises all knowledge of anatomy, physiology, chemistry; which pretends to practice the tremendous art of curing disease with little or no preparatory study; above all, that clergymen should run from house to house, sounding the praises of the new philosophy, that a decillioneth part is greater than the whole? One apology may be found for them—they are not capable of ascertaining that the whole is founded in absurdity and much of it in palpable falsehood, and physicians cannot furnish them, as Dr. Johnson said, with both an understanding and an argumentation.

It is hard for the profession, which has been for so many ages devoted rather to public good than to private emolument, to contemplate in silence the immense mischiefs which the impostures of Hahneman are daily perpetrating. Imagine for a moment the consequences to future health of the milder internal inflammations, which nature merely mitigates under the homœopathic treatment; they remain nearly imperceptible to the patient, but they are the hidden embers of the future phlogosis, and the patients never know health again. Physicians cannot contemplate without painful and benevolent emotion this enormous evil, but they cannot oppose it but by silent contempt, thus suffering it to die a spontaneous death, as it has already done in Germany and France. Cicero said that he had remedied many evils in the state by silent suffering and painful concession—*multa tacui, multa pertuli, multa concessi, multa meo quodam dolore sanavi.* Physicians will best consult their own dignity and the honor of medicine, by imitating the patience of the prudent Roman; they may state in the briefest and most dispassionate manner their objections to all manner of intercourse with impostors, but they ought not to condescend to argumentation. Juvenal says that the precepts of Solon, know thyself, came down from Heaven—*e cælo descendit gnothi seauton:* however this may be, there is one precept of practical wisdom which we all acknowledge to have come from thence, and which some may consider as not inapplicable to the physician in all his converse with the friends of Homœopathia—"cast not your pearls before swine, lest they turn about and rend you."

There are some other practical subjects which ought to be noticed, but this paper has already reached its utmost limits.

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* See Leo Wolf on Homœopathy—incontrovertible authority.

Stated Meeting, July 5th, 1842.

Dr. Hewson, President, in the Chair.

Present, fifteen members.

Dr. Robert C. Bridges, and Dr. Meredith Clymer, were elected Fellows of the College.

The following gentlemen were re-elected officers of the College for the ensuing twelve months:

President.
THOMAS T. HEWSON.

Vice President.
John C. Otto.

Censors.

Henry Neill, George B. Wood,
Charles D. Meigs, J. Wilson Moore.

Secretary.
Henry Bond.

Treasurer.
J. Rodman Paul.

PUERPERAL FEVER.

In answer to the queries of several of the Fellows present, Dr. Condie stated, that very few cases of puerperal fever had occurred, in the southern districts, for some time after the meeting of the College in May, and it was hoped that the disease had entirely ceased; in the latter part of June, however, a few cases had again appeared, in two of which, death very speedily ensued. Dr. C. did not see these cases, but is informed by the gentleman in whose practice they had occurred, that the disease did not make its appearance in any one of them until a week or more subsequent to parturition, and when the females appeared to be, in all respects, doing well. In both the fatal cases, the attack could be referred to the ordinary exciting causes of fever in the parturient state. The symptoms differed in nothing from those by which the cases that occurred in April were distinguished. Dr. C. is not aware that an autopsical examination was made in either.

NOTICE.

Individuals, not members of the College, may be supplied with the numbers of the Quarterly Summary of its transactions, by applying, post paid, to the Secretary, Dr. Henry Bond, No. 1 North Ninth street, Philadelphia, at the rate of twenty cents for each number.

QUARTERLY SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

AUGUST, SEPTEMBER AND OCTOBER, 1842.

Stated Meeting, August 2d, 1842.

Dr. Hewson, President, in the Chair.

Present, twenty-one members.

The Secretary, Dr. Bond, read the following history of a case in which an aneurismal sac was formed within the cranium—and successfully treated by tying the common carotid—communicated to the College by its associate, Dr. B. W. Dudley, of Lexington, Kentucky.

J. C. Burgess came to Lexington in the winter of 1841, and gave the following history of his case. As early as 1836, he had become subject, at irregular periods, to pain over the right eye, which gradually increased, both in the frequency of its recurrence, and in the attendant suffering; and before the expiration of the second year, the eye was considerably protruded from the socket. In 1839 the right temple, as well as the eye of that side, was morbidly prominent, and about this time the pain became so excruciating as to occasion delirium, one attack of which was protracted to fifteen days. Occasional severe pain was at this period of the case, experienced also in the left side of the face and temple.

During the winter of 1839–40, for a number of weeks, his suffering was incessant; but was finally much lessened after a copious spontaneous discharge, from the nostrils, of a yellow fluid. Increased suffering, ever after, succeeded to any interruption of this nasal discharge; and for some months previous, as well as subsequent to his arrival in Lexington, he was often alarmed at what he feared might result in nasal hæmorrhage, and consequent death. He represented his right eye as entirely useless in regard to all distant

objects, and in his right ear he was perfectly deaf. Various remedies had been advised by different physicians, and much speculation indulged upon the nature, and the cure of the malady. To the examiner, the first object that attracted attention, was the enlarged and protruded eye, which was something like half an inch in advance of the other. The inferior and external portion of the os frontis, including the orbitar and the external half of the superciliary ridge, were deeply involved in the malady; and in conjunction with corresponding portions of the parietal, temporal, and sphenoid bones, separated from the bodies of these bones, were involved in one common enlargement of that side of the head and temple. The bones of the head and face were separated at the external angle of the eye sufficiently to admit the end of the little finger into the site of the transverse suture. The whole of the enlarged mass communicated the thrill to the touch which is characteristic of aneurism, while a lateral view of the eye-ball presented an alternate protrusion and recession of this organ, corresponding to the action of the heart and arteries.

The treatment preparatory to a successful operation, which consisted in the use of plainly dressed, easily digested food, in moderate quantities, with the use of such evacuants as were necessary to place the alimentary canal and the organs tributary to digestion, in a favourable state, having been instituted, much of the suffering of the patient was allayed, and in the month of January, he was brought before the medical class, when a ligature was applied to the common carotid artery. The effect of the ligature upon the artery was immediately sensible in the eye, and all that side of the head and face. The eye gave no more evidence of pulsation, the circulation in the integuments immediately became very languid, the tenseness of the whole of the parts involved in the enlargement was greatly lessened; while the patient expressed himself as being suddenly relieved of all noise and motion in the head. For two days no unpleasant symptom supervened; then a distressing cough came on, attended by the sensation of a foreign body in the windpipe, opposite to the wound, which deprived the patient of much rest for several days. On two or three occasions, during the progress of his recovery, he was attacked with severe pain in the head, attended by some fever; thus exciting an apprehension at first, that the aneurism in the brain might be progressive, by reason of the free communication between the different arteries of that organ. The use of small nauseating and purgative doses of calomel and ipecac, by which means fever was checked, and bile copiously discharged, exemplified the presence of that law, so well understood by ancient, as well as modern authors, which connects the cerebral and hepatic functions in disease.

The rapid subsidence of the tumid state of all the parts involved in the disease by the end of the first week from the operation, rendered manifest the changes they had undergone. Isolated spiculæ

of bone could then be distinctly traced, beginning about the centre of the superciliary ridge, and invading portions of the parietal and temporal bones; while the little finger could be passed into a vacuity, at the outer angle of the eye, corresponding to the transverse suture. By the end of the twentieth day from the operation, the line of separation between the bones had become obscure; the spiculæ were indistinct, while the whole enlargement was rapidly on the decline. The eye, now restored almost to its natural position in the socket, had recovered its usefulness for distant objects of vision; and the ear, which had been deaf, was now as acutely sensible to sound as the other. Before the end of the month, the patient being free of all disease, left Lexington for St. Louis, the place of his residence.

He continued well for some time after his arrival at home; but upon throwing off all restraint in diet, drink, and exercise, his health suffered greatly, and made it necessary for him to apply to his family physician, Dr. Hall, through whose skill he was relieved. He is now, six months since the operation, in the enjoyment of good health, and engaged in the labours of a black-smith. My associate, Professor Bush, saw a case in one of the Parisian Hospitals, somewhat like the preceding, and for which nothing was proposed to be done by the surgeon in attendance. In the cases referred to in a late volume of the London Medico-Chirurgical transactions, the aneurism appears to have been located on the branches of the external carotid, and to have been excluded from the cavity of the cranium; whereas in the case now detailed, the only doubt which remains, is as to the *extent* of the aneurismal sac *within* the cranium, with the consequent loss of cerebrum by absorption.

The great loss of cranium by absorption, the general enlargement of the forehead and temple, the preternatural developement and projected state of the right eye, and the loss of hearing in the right ear, added to the long continued suffering of the patient, admits of the inference, that the right hemisphere of the cerebrum may have been as extensively absorbed in consequence of the pressure of the aneurismal sac, as in other cases it is known to be, from the presence of serum in the ventricles.

Lexington, Kentucky, July 6th, 1842.

Dr. W. S. Zantzinger communicated the following case of Biliary Calculi:

Rebecca Mc———, æt. 43, unmarried, of a tall, spare habit, dark complexion, dark eyes and hair, and for the last few years possessing but a moderate share of health, consulted me, in the early part of March, 1842, on account of a tumour, which occupied the lower anterior portion of the right hypochondriac region.

According to the statement of the patient, this tumour was first

perceived by her in November, 1841, and at that time appeared to be no larger than an egg—was insensible to pressure, without pain, and somewhat movable. During the last few weeks it has greatly increased in size, is quite prominent and very hard; sharp although not severe pains are occasionally felt in it, and pressure cannot be borne, especially on its lower and posterior margin. The general health of the patient has likewise suffered of late. There is now a constant sense of lassitude and fatigue, much increased by slight exertion, depressed spirits, impaired appetite, oppression at the epigastrium, constipated bowels, and in fact many of the usual symptoms of Dyspepsia. She has complained also, within the last few days, of much tenderness and soreness of the abdominal parietes, with some dyspnœa. These latter symptoms I attributed to a recent cold which she had taken; they were soon removed by slight means.

The treatment of this case—the details of which it is unnecessary to give here—consisted in the exhibition at first of cathartics, followed by combinations of mass. hydrarg. in small doses, with ext. hyosciamus and digitalis, continued until slight ptyalism was excited, which was kept up for some time. No advantage being derived from these remedies, iodine was next resorted to, but soon abandoned on account of the extreme irritability of the stomach, which, about the middle of the following month, had become the most distressing symptom, forbidding, in fact, the employment of other means than those intended to relieve it. In this I also failed, and towards the close of the case, neither medicine, nor nourishment, even of the blandest kind, could be retained.

External means, such as fomentations, anodyne and stimulating liniments, and subsequently iodine, were attended with no better effect. In short, all treatment was at length abandoned, excepting the use of an anodyne at night, (tinct. opii acetat.,) which fortunately the patient was able to retain sufficiently long to produce some effect.

The bowels had now become so obstinately constipated, that the most active enemata produced but a slight effect, the discharges being scanty and very light coloured. The urine was very dark, thick, and passed with difficulty, the skin deeply discoloured, and the debility and emaciation extreme. At times also excruciating pains were felt in the tumour.

Even under such circumstances, this patient continued to exist until the 19th of May. Death took place at 8 A. M. of that day, having been preceded by copious vomiting and purging of a dark and highly offensive fluid matter.

The autopsy was made by Dr. Goddard, at 4 P. M. of the following day.

Body greatly emaciated—whole surface of a deep saffron hue; as was also the entire peritoneum lining the abdomen and organs. Small deposits, resembling puss, were found on the external surface

of the liver, and a few slight adhesions had been recently formed between the latter and the adjacent parts.

The tumour itself was prominent and very hard, of a brownish yellow colour, and occupied the larger half of the right lobe of the liver, which was of a similar colour. When cut into, it was found to consist of merely indurated substance, the structure being yet perfect, and presenting no other indications of disease.

Immediately beneath it, however, the gall bladder was very prominent, firm, irregular on its surface, and on being opened, was found to have its whole cavity filled up with concretions, mostly of small size, solid, somewhat wedge-shaped, of a dull white colour, and a soft and unctuous feel. One of them, however, was much larger than the rest, and occupied and completely obstructed the opening of the duct into the intestine. It was very nearly an inch in diameter, and about the same in length, rough and jagged at one extremity, and rounded upon the other, and resembled a portion of a cylindrical bone. The entire number of concretions taken from this subject was one hundred and sixty-six. Several more were left remaining in the gall bladder, being closely adherent to its walls, and requiring some force for their removal.

A few of them were subjected to the action of boiling alcohol, in which they were almost wholly soluble, the residuum being very small. On cooling, the solution deposited a large amount of thin, micatious crystals, of a pearly lustre, which were composed of pure cholesterine.

The left lobe of the liver was perfectly healthy, as was also the stomach, which was empty.

I may mention here that the mother of this patient died also of a disease of the liver, which was stated to have been, in its symptoms, entirely analogous with the one just related. No examination was made after death, but it may be fairly presumed that the cause was the same.

The above history I present to the College, as containing some points of interest, and of being perhaps novel in some respects. Biliary concretions are frequently met with in subjects examined after death, but it is certainly rare to find them in so large a number or under such peculiar circumstances. They are also more generally of a dark colour, soft, and composed principally of the colouring matter of the bile.

Dr. B. H. Coates presented and read a paper on The Construction of Insane Hospitals, which, on motion of Dr. Bond, and in accordance with the wishes of the author, was deposited in the archives of the College.

On motion of Dr. B. H. Coates, amended upon the motion of Dr. Condie, it was resolved, that a Committee of three be appointed, to take into consideration the present state of the medical profession

in this city, in reference to its rights and interests, and the extent to which these are modified by existing circumstances; the said Committee to report to the College such modifications in, and additions to, the present rules regulating the intercourse of the members of the profession with each other, and with their patients, as it may deem proper and expedient.

Drs. B. H. Coates, Otto, and Hewson, were appointed upon the said Committee.

Dr. Huston begged leave to correct an error in the statement made by him at the meeting of the College in May last, that *all* the children, born of those patients who had fallen victims in the Philadelphia Hospital to puerperal fever, had died of peritoneal inflammation, he having been since informed that two of these children had survived.

John D. Griscom, M. D., was duly elected a Fellow of the College.

Stated Meeting, September 6th, 1842.

Dr. Hewson, President, in the chair.

Present, twenty-eight members.

Dr. John K. Mitchell commenced the reading of a communication, embracing the result of his personal observations and investigations, during the last five years, on the subject of Mesmerism. The hour for adjournment having arrived before the completion of the communication, its further reading was, on motion of Dr. Bond, postponed to Wednesday Evening, the 14th inst., to which period the College then adjourned.

Adjourned Meeting, September 14th, 1842.

Dr. Hewson, President, in the chair.

Present, thirty members.

Dr. Mitchell concluded the reading of his communication on the subject of Mesmerism. The great length of this paper precludes its insertion in this summary.

The following are the author's recapitulation and conclusion; which embrace his leading deductions from the various facts detailed by him in the communication.

RECAPITULATION.

1. The investigations into the claims of mesmerism have been hitherto imperfect, because they have been conducted either by interested partisans, or prejudiced opponents.

2. All previous examinations of this difficult subject have been directed rather to its undue pretensions, than to its less obtrusive foundations.

3. The researches of the committees detailed by learned societies, have been contradictory and unfruitful, chiefly, because the trained subjects of the mesmerizers were examined, instead of those among their own friends and acquaintances, on whom they could rely for the unsophisticated representation of the natural phenomena of mesmerism. They invited deception, and either implicitly confided in it; or, having detected the attempt to mislead, condemned the whole system as one of fraud and imposture. Hence, they were always in those extremes which border on truth, but are never within its confines. Astronomy is not the less true, because the ignorant believe that the stars are holes through which the light of Heaven breaks, or because astrologers pretend to see the fates of humanity registered in the conjunction and disseverance of the planets.

4. Imagination and imitation cannot account for the uniformity of the phenomena of the mesmeric state, in persons of all ages and conditions, who are totally ignorant, not only of the symptoms to be produced, but of the design of the mesmerizer.

5. Neither will they explain the analogies found to exist between natural and artificial somnambulism.

6. Nor can we, by any rational view of their cases, ascribe to any thing but a physical influence, the effect of *passes* on the diseased condition of certain patients, some of whom did not observe the manipulation, and none of whom understood its import.

7. Admitting that the mesmeric sleep may be and is produced solely by mental means, the method as well as the phenomena of restoration, both in natural and artificial somnambulism, forbid us to believe that the patients are usually conscious either of the act or the intention. Many of them showed plainly their ignorance by their conversation at the time, and others were totally incapacitated for observation.

8. If we admit the awakening without the aid of the patient's mental co-operation, we can find no reasonable difficulty in believing that the mesmeric sleep is producible also without that co-operation.

9. The phenomena of artificial somnambulism are, 1st. An exaltation of the circulation, without a corresponding increase of the respiration. 2d. An obtunded sensibility to causes of pain, and sometimes, though rarely, its total obliteration. 3d. The more or less complete obliviousness of the thoughts and events of the mesmeric state, while awake, although the memory of the events of the natural state is strong in the artificial state. 4. The retention of locomotion and the facility of being led into suggested dreams, are also curious effects of the mesmeric action. Nothing is too high for the daring, or too absurd for the belief of the dreamer. But all the mesmerized patients are not susceptible of this influence. A few subjects resist, even when asleep, all attempts to mislead them, although they present most of the other peculiarities of somnambulism.

10. To this property of artificial dreaming may be referred the alleged miracles of *clairvoyance*, intuition, and prevision. The subject dreams that he sees, and the questioner is deceived, by his confidence, his plausibility, and his ordinary character. He knows him to be honest, and he does not perceive that he is himself led astray by his uncorrected imagination. There is all the effect of a fraud, without intention to mislead, and without blame.

11. The mesmeric effect is usually producible within ten minutes, and at the first sitting, but some persons have yielded only after long and repeated trials. In general, unless very marked effects are exhibited within half an hour, all subsequent attempts to mesmerize are fruitless.

12. The mesmeric sleep may be dissolved by time alone, the natural duration of the paroxysm lasting from thirty minutes to nearly five hours. The fear of not escaping from the spell, in the event of the death, or absence, or loss of power of the magnetizer, is therefore not well founded.

13. The artificial solution of the mesmeric sleep requires sometimes only a single wave of the hand, sometimes many. The mean time is about two minutes.

14. Independently of the voluntary aid of the mesmerized subject, the time taken to dissolve the sleep is very sensibly affected

by the distance from him. Thus, in contact, a case consumed 4′ 4″; at two yards, 7′ 30″; at four yards 16′ 45″.

15. Sex does not appear to exercise any very marked influence on the mesmeric susceptibility.

16. Age is a more modifying cause than sex. Though no age is exempted, the very young and old seem least susceptible; and the period of life between 12 and 20 is that most favourable to the mesmeric influence.

17. Of the temperaments, the nervo-sanguineous seems most liable to the mesmeric action.

18. Although without an exception, so far as I can discover, mesmerists agree in believing that a sound state of health is unfavourable to the success of their operations, I have found it most conducive to well marked mesmeric results. Of twenty-six somnambulists, nineteen were in good, and seven in bad health.

19. The mesmerizing power seems to be very generally possessed, but the susceptibility to soporose mesmeric impression is confined to a few individuals, being about one in seven or eight of those subjected to the trial.

20. The *rapport*, *relation*, or *communication*, supposed to have an absolute existence, dependent on the mesmeric fluid, seems to be entirely voluntary on the part of the patient, and to rest on his knowledge of its supposed necessity. It is, therefore, a delusion; but one of the greatest convenience to the public exhibitors of mesmeric wonders.

21. The delusion as to the "*rapport*" is one of the many hallucinations of the mesmeric state, for which the subject of it is no more answerable than for any of the wild and monstrous dreams to which the disordered fancy may be led, in that unnatural condition both of mind and body. This truth is clearly proved by analogical cases of insanity, where similar delusions continue for years.

22. The mesmeric state curiously modifies the condition of the senses. Sight, hearing, and touch are usually improved, taste, smell, and sense of pain as commonly impaired.

23. As the sense of touch and of pain are so diversely affected by mesmerism, we are led to regard them as independent senses; probably, therefore, supplied by separate nervous fibres. Such an inference ought to have been made before, for many organs have the sense of pain, but not the sense of touch. The presence of a poison will give pain to the stomach or intestines, which do not perceive the motions of the worms that infest them. If this view be correct, the sense of pain is a sixth sense.

24. *Many* of the feats of the *clairvoyants*, are the result of the sharpened hearing, which enables them to detect objects by the sounds they make. They really believe they see them, and so does the exhibitor, although he aids them by handling audibly the various objects. Thus he opens and shuts a pencil, a penknife, or

a spectacle case, and rubs a stick, or a sheet of pasteboard. He always makes as much noise as possible with every thing, and he generally asks the producer of a marked card to explain the words or device to him.

25. As we cannot believe in mesmeric "rapport," so we are not able to credit the existence of any peculiar sympathy between the operator and subject. Untrained or ignorant patients never shew sympathetic phenomena. I have been pinched, and hurt otherwise, a great many times, without observing any suffering on the part of my subjects, until they were taught to believe that such a relation existed; and then they very honestly felt hurt, as people do in dreams—a kind of imaginary suffering.

26. The phrenological phenomena of mesmerism, when rigidly examined, are found to consist, as do most of the mesmeric wonders, of "such stuff as dreams are made of." The *excitement* of the brain *is general*, the *direction* of that excitement is *given* by *the mesmerised person's knowledge of phrenology;* but the patient is not in any case aware of his mental co-operation. This singular delusion or mis-apprehension, runs through nearly the entire subject of mesmerism; most of the phenomena of which are a strange mixture of physical impulse and mental hallucination. Phrenologists alone feel the phreno-mesmeric excitement. Persons partially acquainted with phrenology, experience it only as to the organs known to them; while those who are totally ignorant of the subject, present no local manifestations, until they are taught, either awake or asleep, what they should know, and what they should do. The displacement of old organs, in one city, their retention of location in another, and the adherence of the patients to the peculiar and dissimilar systems of phrenology, which they have, respectively, been taught, shew clearly, that the direction of the cerebral excitement is personal and arbitrary; while the new maps of the cranium, so widely different from each other, leave us no longer in the least doubt as to the delusive source of the compound science of phreno-mesmerism.

27. The mesmeric influence is the effect of what the natural philosophers call *induction.* The will of the operator acts solely on himself; his altered system re-acts on the subject of the experiment, by an unexplained power, analogous to the equally inexplicable *induction* of the mechanicians, and the *presence* of the chemists.

28. Mesmerism may be sometimes usefully employed to allay nervous irritation, procure sleep, and obtund nervous sensibility, during surgical operations; but from the fewness of susceptible persons, it can be used very seldom for such purposes. In all other cases it appears to be of little use; and so far as I know, has never cured any serious disease. On the other hand, it sometimes, especially in unpractised hands, produces frightful disorders both of mind and body, and should therefore be resorted to solely for proper and important purposes, and then only with due precaution.

29. The cases of natural somnambulism, so like those of the mesmeric state, the permanent magnetic power of some individuals, the relief afforded to paralysis and stupor, and the restoration from *natural* somnambulism by mesmeric passes, go far to show that the disturbance of the nervous system, which is produced by mesmerism, may and does occur in certain stages of disease, and is not unfrequently present in nervous affections where we have not hitherto suspected its coincidence.

30. Mesmerism may, for the above reasons, be employed to relieve, temporarily, affections of a nervous character, when the usual means fail; but it should be used always with caution, and only when the failure of all ordinary measures renders its application a matter of necessity.

31. The claims to a peculiar *medical intuition*, set up by magnetized persons, or their exhibitors, is destitute of foundation. The pathology is usually absurd, the prescriptions are inefficient, dangerous, or ridiculous, and after sixty-eight years, mesmerism has not detected a new theory of disease, or suggested one useful remedy.

In conclusion—I may be, perhaps justly, charged with giving to the subject of mesmerism an undue importance, and bestowing on it, a disproportionate share of time and attention. The results, being chiefly negative, add almost nothing to our stock of knowledge, and the pretensions now *demonstratively* overthrown, being discarded already by common sense, and the antecedent labours of others, scarcely deserve, in the opinion of the world, a passing notice. But I think I am justified in my laborious investigation, by the interest still felt in the subject, over a large part of the civilized world, by the want of digested and comprehensive facts, and by the bearing of the phenomena on the practice of medicine, and on the physiology of the nervous system. Perhaps, too, it may not be unimportant to the guardians of public and private morals, the administrators of justice, and the conservators of family and educational discipline, to learn, what unsuspected physical agents are at work on the human frame, at all times, and in all places. They may thus be enabled, not only to guard against abuses, but to make indulgent and charitable estimates of the character and extent of crime and error.

Doubtless, the mesmerists will say that I pay too little attention to the testimony of others on many of the points in which I differ from them, and others may allege that for all that part of the subject which I admit to be true, I give too much weight to my unsustained personal labours and observations. To both, I may with truth, and without undue pretension reply, that I did not expect to settle any question *definitively* by these researches. They were made carefully and honestly, and the results set down without exaggeration or extenuation, for the purpose of making as close an approximation to an obscure truth, as the time and

opportunity would permit. Others, following in the same exact path, may enforce or weaken my conclusions; but sure I am, that it is only thus that we shall finally settle these vexed questions, and not by opinions founded on unrecorded observations, or vague generalities derived from loosely kept records. While I find volumes of conclusions, I discover no tables to which I can refer for support or refutation. I see many edifices, but I discover no foundations for them, and naturally infer that as they rest on no solid bases, they are without weight, and made of imagination.

As to the charge of refusing the testimony of others, I answer, that their evidence is so conflicting as to destroy itself. The most substantial proof, that of distinguished medical men, is usually on my side, and if I have not availed myself of that, how can those complain who give *opinion* on the other side. Few are competent to observe, in a question involving medical knowledge, and scientific attainment. He who would truly understand such phenomena, must know all that is known of the nervous system, and much that is taught as physical science. He must have studied also the human mind in health and disease, and have examined the kindred complaints of somnambulism and catalepsy. Now, it is not a little remarkable that the authors who have written in favour of the higher claims of mesmerism, have not been thus prepared, while the more accomplished observers have decided against those claims. Let me illustrate this farther. Phenomena are observed in the heavens—among the stars.—Every one sees them—but to whom do we look for the explanation by which these phenomena are fashioned into facts. For how many thousand years did the constellations glide across the zenith, in nightly brilliancy, observed by millions of eyes, before the splendid phenomena assumed to the human understanding the shape of a fact. Until explained by Copernicus, it was a bright illusion—*the very opposite of that which it seemed.* If this illustration does not lessen the confidence of ignorant observers in their powers of discrimination, I am at a loss for means to teach them humility, which can alone give much value to the observations of any one, however otherwise prepared for investigation. That sleepers often describe well distant places and events, is true; but does it follow that they obtain the knowledge by spiritual inspection? Or are they indebted to other and more intelligible means of discrimination? It is not less true, that there is sometimes the manifestation of strong personal sympathy between mesmerizer and subject, but are there not unexamined sources of error in the most obvious explanation of this phenomenon? The dispute is less as to the appearances, than as to the view to be justly taken of them. The vast and airy beings that darkened for ages the skies of the Brocken Mountain, were the wonder and terror of the ignorant peasantry, until more competent observers proved them to be the shadows of human beings, cast by the rising and setting sun in exaggerated

volume, on a screen of clouds. That which had been a frightful phenomenon, became an agreeable fact. The shadowy things of artificial somnambulism have long enough displayed their visionary forms on the sky of human wonder. It is time to give them that true import which will take them from the mountebank and pretender, and place them in the hands of philosophy. If I can believe that I have done so much as to bring philosophy to the task, free from prejudice and restraint, I shall be satisfied that my labour has not been in vain.

The discussion of Dr. Mitchell's communication was, on motion of Dr. Darrach, postponed until the stated meeting in October.

Stated Meeting, October 4th, 1842.

Dr. Otto, Vice-President, in the chair.

Present, twenty-two members.

After the transaction of the regular business of the College, the consideration of Dr. Mitchell's communication read at the last stated and adjourned meetings, being in order,—

Dr. B. H. Coates remarked, that as no one appeared disposed immediately to open the discussion of the important question submitted for the consideration of the Fellows of the College; and although he had himself seen few experiments, and had not particularly studied the subject of mesmerism, he would take the liberty to introduce the debate, by asking a question of Dr. Mitchell. He had been, certainly, much interested in the able and lucid paper read by the latter, but was not ready to go over it in detail, and had made no preparation for this by taking notes.

If he understood Dr. Mitchell correctly, the latter explained many of the phenomena of mesmerism by *dreaming;* and perhaps correctly so. Now does not this also explain a fact which Dr. Mitchell has cited as evidence of *nervous induction*, or the influence of the nervous activity of one person on another? He alluded to the production of catalepsy or palsy, by certain mesmeric processes. If so, he considered this as equivalent to referring it to the imagination; for is not dreaming an act of the imagination?

Is it not true, that the condition called mesmeric clairvoyance and somnambulism, which Dr. Mitchell explains by dreaming, and which he thinks may be guided and led by slight sounds, and other surrounding circumstances acting upon the sharpened senses, is not unfrequently accompanied by hysterical symptoms, often including temporary catalepsy, palsy, &c.? And are not these as likely to be guided and led on by ordinary dreaming and the sharpened senses, as are the visions of clairvoyance? In illustration of this view of the subject, Dr. Coates related the case of a young woman who had been under his care in the Pennsylvania Hospital, who had five temporary attacks of entire paralysis of one arm, from hysteria, produced by a moral cause.

Dr. Mitchell replied, that it was his belief, that the influence exerted by the operator, upon the mesmerized person, was purely physical. So much so, that he has known the phenomena of the mesmeric state, produced by passes made by an individual who was himself ignorant of their effects. He believed also that the same result has often followed in cases where the mesmerized persons were entirely ignorant of the intentions of the operator.

It was possible, however, in the highly excited and susceptible state of the nervous system induced by this condition—if the idea of catalepsy or convulsions were to possess or be induced in the mind of the patient, for these actually to occur—but he did not suppose they could take place, if the patient were ignorant of their phenomena.

Dr. Mitchell here stated three cases which occurred in one family, illustrating the effect of mental impressions.

One of the greatest difficulties in examining the subject of mesmerism is, that the physical and mental impressions of its subjects are so mixed up, that it is exceedingly difficult to separate them. To understand the phenomena thoroughly, we must divest them, if possible, of mental co-operation.

Dr. Mitchell was asked by one of the Fellows, to state some of the main arguments in favour of the theory of nervous induction.

Dr. Mitchell replied, that those which occurred to him at the moment, were, 1st. The necessity of the proximity of the operator to produce the mesmeric sleep, and the almost immediate awaking of the patient, in many cases, if he retired from him for a few yards. The duration and intensity of the mesmeric sleep being, as a general rule, in proportion to the proximity of the operator to his patient, whilst inducing the mesmeric state. 2d. The comparatively short time required to throw a patient into the mesmeric slumber, while sitting or in the erect posture. 3d. The necessity which there exists for the mind of the operator to be intently fixed upon the object which he desires to accomplish: this, it is true, is not necessary in the case of individuals who have been repeatedly mesmerized, as the patient soon acquires the faculty of assuming voluntarily the mesmeric state, or aiding by his volition, very effectually, the efforts of the magnetizer. 4th. The effect produced on the limbs of an individual by passes made from the centre toward the periphery, and the change which is wrought in the condition of the limb by passes in the contrary direction. 5th. The method by which the patient is awoke; and the fact that the time required for this purpose, is altered according to the greater or less distance of the operator from his subject.

Dr. Mitchell considered that the doctrine of the transmission of a fluid either from or to the magnetizer or his subject, is disproved by the fact, that a number of individuals may be put to sleep, one after the other, by the same person, and awoke by another, without either being in the slightest degree sensible that he had parted with or received any thing from the patients operated upon.

Dr. Wood remarked, that he presumed few persons now doubted the occurrence of the physical phenomena produced by the process described by Dr. Mitchell. The only question in his mind was—Are these induced by the operation of the individual's own mind, or are they to be entirely ascribed to the influence exerted upon him by another?—The only way to test this, would be to

operate on a person wholly unconscious of what is about to be done. Dr. Wood inquired whether Dr. Mitchell has had an opportunity of determining this point?

Dr. M. in reply remarked, that this was a very difficult question to answer, inasmuch as no patient could be mesmerized, for the first time at least, without contact; and this very contact would of course apprise the individual that he was about to be subjected to an experiment of some kind. After the first time, however, he conceived it to be possible to produce the mesmeric phenomena without the knowledge of the patient. This he had himself repeatedly done, if the testimony of the individuals could be relied on. He has succeeded in inducing mesmeric sleep in a lady whilst in the midst of company, and during a conversation that had no relation whatever to this subject, the lady being entirely unaware of his intentions, so far as he could judge from her manner both before and after the sleep. He would refer to a case in point, related to him by Dr. Nott, President of Schenectady College—a gentleman whose testimony would be implicitly received. A young lady, residing in the family of an Episcopal clergyman, whom the Doctor had repeatedly magnetized for the removal of an obstinate cephalalgia, being on a visit to his house, was, at his suggestion, so seated one evening, in the midst of a social circle of friends, that the Doctor could approach her unperceived. The lady was placed with her back near to a baize door, that led into a dark entry communicating with another room. The Doctor placed himself, secretly, in the entry behind this door, and, by there manipulating, soon threw the lady into a complete mesmeric sleep. Re-entering the room, he ascertained this fact, and then returning to his former position in the entry, he awoke her. The lady exhibited no indication that she suspected the agency by which the sleep was induced, but remarked that she could not permit Dr. Nott to magnetize her any more, as she was fearful now of the spontaneous recurrence of the magnetic sleep. The same experiment was repeatedly performed, before the lady discovered the agency of the Doctor. Now this case would appear to afford conclusive evidence of the possibility of the mesmeric phenomena being induced without any knowledge on the part of the person operated on of what is about to take place; and yet so readily do persons repeatedly operated on, fall into the mesmeric state, even upon the slightest hint or suspicion that it is about to be induced in them, that it is difficult positively to determine how far, in the case just referred to, the lady's consciousness was or was not concerned in the production of the sleep, which Dr. Nott very honestly believed he had produced entirely without her knowledge.

Dr. Mitchell remarked, that there was another mode of answering the question propounded by Dr. Wood. He would appeal to any gentleman present, whether the mere consciousness on the part of an individual that something unusual was to be performed upon

him, could possibly produce the very peculiar and striking phenomena of the mesmeric state—phenomena so characteristic that he did not believe they had ever been observed in any condition of the system, other than that produced by mesmerism. Such an idea could not for a moment be entertained—and hence, this of itself afforded, in his opinion, a satisfactory answer to the question: are the mesmeric phenomena the result of a purely physical cause, or to be attributed solely to the operation of the patient's own mind? It seems then to be proved that the first cause of these phenomena is purely physical, but that subsequently they may be induced by mental causes alone.

Dr. B. H. Coates, suggested that the facility which a person acquires, of falling spontaneously into the mesmeric state when he has been frequently subjected to the mesmeric action, is by no means surprising, it being analogous to what we observe in many other of the phenomena of the animal body; for instance, a child after it has once learned to take a few steps alone, rapidly acquires the power of walking. The movement of certain muscles, as the occipito frontalis, or the muscles of the ear, which are at first excited with difficulty, become by frequent trials entirely under the control of the will.

Dr. Evans inquired, whether any patients labouring under insanity or dementia, had been experimented on by Dr. Mitchell, and what were the results in such cases? Dr. E. had himself seen the attempt made in ten or twelve cases, in persons of both sexes, but without success.

Dr. Mitchell replied, that he had tried to induce the mesmeric phenomena in three cases of mania, but had not succeeded in either. It was his impression that any disturbance of the nervous system, or any infirmity of mind, offered an impediment to the success of the mesmeric influence. The most healthy and robust persons were, according to his experience, the most easily mesmerized.

Dr. Pepper stated, that several years ago, he had seen some experiments instituted on this subject, on some of the insane patients at the Blockley Hospital. The effect produced in these cases resembled very closely the phenomena of hysteria and catalepsy. He was not satisfied, however, as to what influence the imagination of the patient might have had in producing these results; and suggested the trial of a series of experiments upon the pupils at the blind school, without the intention being communicated to them. These experiments were accordingly instituted, and although he was not present when they were performed, he was informed on good authority, that they failed in every instance. He would like to know Dr. Mitchell's experience on this point.

In answer to this inquiry, Dr. Mitchell reaffirmed his belief, that an individual could not be mesmerized for the first time without contact, and hence the difficulty, even in a blind person, of experi-

menting without a knowledge on the part of the subject, that something unusual was to be done. The very fact of the impossibility of producing any impression, in new cases, without contact, is in itself an argument against the imagination being the successful agent in the case, inasmuch as if this were the case, contact would not be necessary. Dr. M.'s opportunities for experimenting on the blind had been very limited. Several years ago he visited the institution for the purpose, and the late Mr. Friedlander selected one of the female pupils for the subject of experiment. She was taken into Mr. F.'s private room, and told that Dr. M. wished to try an experiment upon her; she submitted, and in fifteen minutes all the peculiar physical phenomena of the state were induced—she was thoroughly asleep. On awaking she complained of dizziness, as though she had been drunk, and of a severe pain in her limbs—for which she was obliged to go to bed, and was sick for several days. Some time after he tried the same experiment upon another blind girl, under similar circumstances; she complained in a few minutes of shooting pains in the limbs, and becoming alarmed, refused to allow the experiment to proceed.

Dr. Pepper did not consider these cases as entirely satisfactory, inasmuch as the subjects were informed beforehand what was to be done, and a moral impression was thereby created.

Dr. Darrach considered the influence of the imagination nugatory, inasmuch as the mesmeric phenomena could be produced in children, before the imagination became active. Something very similar occurred also in animals, as was evinced in the "charming" of birds by serpents, and other equally curious phenomena. In regard to the physical phenomena of the mesmeric state, he had not a doubt; clairvoyance, transference of the senses, &c., he thought were not within the present discussion. How these peculiar effects were produced he would not attempt to explain, the magnetic theory of Mesmer may or may not be the correct explanation. He was fully sensible, from his own experience, of the power which the fixed eye, the hand, and the will of one individual, may exert over another who subjects himself to its influence.

NOTICE.

Individuals, not members of the College, may be supplied with the numbers of the Quarterly Summary of its transactions, by applying, post paid, to the Secretary, Dr. Henry Bond, No. 1 North Ninth street, Philadelphia, at the rate of twenty cents for each number.

QUARTERLY SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

NOVEMBER AND DECEMBER, 1842, AND JANUARY, 1843.

Stated Meeting, November 1, 1842.

Dr. Condie in the Chair.

Present, sixteen members.

John Ware, M. D., of Boston, was elected an associate of the College, and

Thomas Dillard, M. D., U. S. N., and

Paul B. Goddard, M. D., were elected Fellows.

On motion of Dr. Parrish, it was resolved, that the Secretary of the College be considered a member, *ex-officio*, of the Committee on Publication.

Dr. ISAAC PARRISH read the Annual Report on SURGERY, as follows:

During the past year, but few improvements calculated to exert an important influence on the progress of this department of science, have come within the knowledge of the committee.—Changes of opinion, and of practice upon some important points, have however occurred, under the influence of the more matured experience, which the lapse of another year has furnished. We would first direct the attention of the College to the present state of opinion in reference to the several new operations for the cure of certain congenital or accidental deformities of the body. At the date of our last report, these operations claimed a large share of attention, and were assuming an importance in the eyes of surgeons, to which, as we conceived, their merits did not entitle them.

The division of tendons and fasciæ was deemed a measure of primary and paramount importance in all cases, in which such division enabled the surgeon to bring the distorted member at once to a natural position; and it was supposed, by not a few, that the retention of the limb in this position for a few weeks or months, by suitable apparatus, would establish a cure, even in the most aggravated forms of congenital club foot. Many such cases were reported, and excellent authorities recommended the operation in a tone of confidence which excited the most sanguine anticipations of its success. The long tried expedients used in such cases were almost entirely abandoned; the tardy operation of well applied and moderate mechanical forces being deemed scarcely comparable to the more rapid and brilliant achievements of the knife. A large number of patients subjected themselves to the operation of tendon cutting, in the hope of speedy and permanent cure, and surgeons were eager to distinguish themselves in this new field of our art.

During all this period, the materials were accumulating, upon which a sound and unprejudiced judgment as to the value of the operation was to be based. Many of the supposed cures were ascertained to be far from being perfect, long after they were so reported. Some of the patients, at the end of a year and more after the operation, were obliged to avail themselves of mechanical support, &c., and to exercise constant care to keep the foot in its proper position; others were walking about with a halting and enfeebled step, from the debility of the limb, resulting from the division of important tendons, or from the want of proper muscular developement, while others suffered extremely from excoriation consequent upon the pressure of the dressings required to maintain the limb in its normal position.

These and other circumstances have tended to dampen the ardour of some of the more enthusiastic advocates of the operation; to induce a more guarded recommendation of it, and a less positive prognosis of its results. At the present time, so far as our inquiries have extended, there is less eagerness on the part of operators to divide tendons; and of patients to submit themselves to the process. The number of operations is much diminished, while the utility of the operation is considered doubtful, in cases in which at one time, it was scarcely questioned. It forms, nevertheless, in certain instances, a simple and ingenious method of aiding in the promotion of an important end, and saves time and suffering, with very slight risk to life. Viewed in this light, it merits our favourable regard, and may justly be ranked among the improvements in operative surgery, to which the genius and enterprise of modern times have given birth.

A revolution of opinion has also taken place within the past year in reference to the modern operation for strabismus.

The enthusiasm with which the first announcement of this operation was received, is fresh in the memory of all the fellows. The vast importance of the sense involved, the failure of all previous methods of relief, the ease and rapidity with which the most striking improvement in the appearance and vision of the patient was effected, and the beauty and delicacy of the manipulation, all conspired to throw around the operation for strabismus a sort of eclat, which placed it at once upon a high pinnacle of popularity, both with the profession and the public. Originating in Germany, it soon found its way into the French capital, and excited in the minds of Surgeons there, a degree of interest and enthusiasm rarely witnessed, even among that volatile and mercurial people. Cases of reported success accumulated rapidly; the journals teemed with glowing accounts of the triumphs which were daily achieved over the most inveterate and obstinate cases.

The moment an operation was over, and without waiting until the slight wound inflicted in its performance was healed, it was announced as *successful.* The mere division of a muscle from its connections with the eyeball, whereby its power of acting on the ball was suspended, was considered sufficient evidence that all farther trouble was at an end, and that the patient would henceforth be capable of directing the movements of the organ at will. One gentleman, (as we were informed by an eye witness,) presented himself before the French Academy, and commenced an eloquent harangue, by remarking that he had just performed his fourth operation for strabismus with entire success; unfortunately, however, before his speech was closed, it was rendered quite evident to his auditors, that but one of the cases had resulted in a manner that would at all justify such an assertion—a fact which the subsequent history of the cases fully verified. It is highly probable, from what we now witness, that this statement to the French Academy, presents a fair sample of the credit to be attached to the great mass of the evidence in favour of the operation, derived from its most ardent advocates. It was, however, upon such evidence that its adoption was so warmly and extensively urged.

In England, many eminent surgeons took the earliest opportunity to test a practice, which came to them, under such high sanction. And, although less extravagance marked the early history of the operation in that country, there was still a great lack of accuracy and fairness in many of the statements of the British writers. Conclusions were hastily formed, and accounts of success sometimes published, more with a view to the self aggrandizement of the operator, than to the establishment of *truth.* Few operations, indeed, ever afforded a better opportunity to play upon the credulity of the public, and to secure to a certain class of men, a notoriety which they vainly imagined would open to them the

road to fame and fortune. Practitioners are to be found in all large cities, who are foremost in seizing upon every novelty which may bring them into notice, and loudest in proclaiming their own praises. They are dangerous in proportion to their talents and influence, and constitute, in Paris especially, a numerous body, who, from the positions which some of them occupy, and the authority attached to their names, exert a most injurious effect upon the progress of surgery in every part of the world. The disregard of truth, and the recklessness of human life which distinguishes this class of surgeons, though not unfrequently associated with talents of a high order, and with rare acquirements, render them unfit expositors of medical truth, and create in the minds of honest enquirers a distrust of their statements.

The history of the operation under review in our own city, furnishes a memorable illustration of the credit to be attached to the hasty and ephemeral reports of this class of operators. With us the newspapers were the medium through which the public were supplied with the information, which, in other countries, circulated more freely through the medical press: hence, less credit was attached to such accounts by the profession, while the public were the greater sufferers. Stories closely bordering on the marvellous, and embellished to suit the popular taste, were daily circulated through the numerous channels opened to them. Editors turned aside from their ordinary political or literary disquisitions learnedly to descant upon this new and surprising discovery in the surgical art, and to swell the popular tide in its favour. At one period, scarcely a day elapsed that a newspaper paragraph did not convey to the afflicted subjects of strabismus the joyful news, that one of their number had been suddenly restored to the full enjoyment of sight, and to a perfect control over the motions of his distorted organ. Certificates testifying to the most marvellous cures, and filled with expressions of gratitude towards their supposed authors, were vauntingly put forth as incontrovertible evidence of the skill of the respective candidates for public patronage. Professional men, merchants, and persons of all classes, joined in applauding an operation which they conceived would confer such eminent benefits upon mankind.

In the midst of this excitement all suggestions as to the possibility of a return of the distortion, or of the substitution of a worse one for that which had been removed, were unheeded. The *immediate* result only was contemplated, and men would not spoil so pleasing a reality by any forebodings as to the future. The consequences of this sudden and popular excitement are now apparent. An operation which a year ago was the subject of general and extravagant eulogy, is now scarcely heard of; the propriety of its performance, at least in a large proportion of cases, (to question which, at that time, would have been deemed a

heresy,) is now a matter of serious doubt in the minds of judicious surgeons. Many of the cases, which were confidently pronounced as cured, find themselves, at this period, no better than before the operation ; some, indeed, who under the influence of the prevalent excitement assisted in fanning the popular flame, now have to deplore that their hopes were excited only to be blasted. Your Committee regret their inability to furnish a statistical statement of the results of any given number of operations performed in this city, inasmuch as very few, if any, cases of strabismus presented themselves for relief at our public institutions; and as much the larger number were under the care of irregular practitioners. So far, however, as our very limited personal observations have extended, we find that a large proportion of the cases have resulted either in a return of the deformity or in the substitution of some other defect. From abroad we have more positive data. In a late work of Velpeau's upon strabismus, (a brief notice of which, by Dr. Clymer, of this city, is to be found in the Medical Examiner of the 22d ult.,) we find that out of 300 cases reported by that distinguished surgeon, only one-half were cured. Of the other half, the cure was incomplete in one-third, while the remaining two-thirds were complete failures. This amount of success is considered by Velpeau as exceedingly happy when contrasted with the results obtained by others :—thus, in Belgium, a distinguished writer has declared that the failures were so constant, that the operators themselves were discouraged. Cunier, a surgeon of Brussels, states, that out of 198 cases supposed to be cured, in six months after the operation there were only 70 actual cures. Dr. Clymer tells us that nearly all of the earlier operations in Paris, which he witnessed, *failed*,—testimony which is the more valuable as coming from one entirely disinterested as to the result.

On the whole, the evidence in favour of the operation is still so vague and unsatisfactory, that a positive judgment as to its merits cannot, we conceive, be formed at the present time. That the operation has signally failed to accomplish what was anticipated on its first introduction, is abundantly evident : whether it possesses sufficient merit to retain a place amongst established surgical means, time and subsequent experience must determine. Its rise and progress constitute an important feature in the history of modern surgery ; exhibiting to us the uncertainty of much of the medical testimony upon which we are accustomed to rely, and serving as a beacon to warn us against hastily receiving for truth, statements that are not based upon substantial evidence ; especially when our reason and judgment seem to contradict them.

In regard to the operation for the cure of stammering, noticed in our last report, we are pleased to announce, that so far as we know, it has been entirely abandoned. It is matter of regret,

however, that human life should have been forfeited by the rashness of those who ventured upon this dangerous and futile method of relieving a mere defect of articulation. Dieffenbach is said to have lost one patient by hemorrhage, and Velpeau another by purulent absorption. During the past year the operation of cutting several of the muscles of the tongue to relieve stammering, has been twice performed by Roux, without any permanent benefit, although his patients appear to have escaped serious injury.

Within the past year, a case was reported to the College by Dr. Ashmead in which sudden death occurred from tympanitis*—and remarks were made by different fellows, upon the Surgical means best adapted for the relief of such cases. This subject, as your committee conceive, possesses sufficient interest and novelty to claim a notice here. It has been well remarked by a late writer, that while much attention has been bestowed upon the pathology of diseases of the urinary organs, and upon the means of relieving the urinary bladder, but little notice has been taken by writers of those affections of the intestinal canal, which are to be relieved by similar measures. The passing of tubes into the colon is not included by authors in the list of surgical operations, notwithstanding a correct understanding of the manner of effecting this difficult procedure, may be as important to the safety of a patient, as is the passage of a catheter into the bladder.

Cases not unfrequently occur, in which all remedies by the mouth or the anus, are unavailing, in procuring a discharge of the confined gas—the powers of the muscular coat of the intestines are paralyzed by over distension—impressions made upon the mucous surfaces cease to exert any influence over the peristaltic movements, and the stomach and bowels may aptly be compared to a great hollow sac, which receives what is thrown into it, without a recognition of its presence. The abdominal muscles, and diaphragm, the great expulsive agents in the evacuation of fœces and flatus are also paralyzed. In this condition, the distending force must be removed before the peristaltic movements can be established, and this is to be accomplished by mechanical means alone.

There are two methods whereby we may effect the object. The most simple is by overcoming the resistance of the sphincter ani by passing up a tube, two or three inches, into the rectum. In some instances this will be followed by a copious rush of flatus, to the great relief of the patient. In low fevers, where the system is greatly prostrated, and the patient is unconscious or delirious, this simple expedient has been found highly beneficial.

The other method consists in passing a large gum elastic tube,

* See Quarterly Summary of College of Physicians, page 17.

through the rectum, into the sigmoid flexure of the colon. Immediately on entering this cavity, the flatus passes freely through the tube, and the patient is soon sufficiently relieved to make expulsive efforts of himself. Should the simple introduction of the tube, fail, it is necessary to attach to its outer extremity, a good syringe, by the action of which, carefully and perseveringly conducted, the over-distension of the intestines may, in most cases, be effectually relieved.

In some very aggravated cases of tympanitis, attendant upon mechanical obstruction, the operation of paracentesis has recently been performed. Where this has been resorted to, an artificial anus is entailed upon the patient, even should relief be obtained. The operation should certainly never be resorted to, if the tube can by any means, be substituted.

The operation of passing a tube into the bowels, and of exhausting the air by the syringe, is not new. It was long ago proposed, but from some unaccountable circumstance, its true value does not appear to have been generally known or appreciated. Your reporter's honoured father, was, it is believed, the first to urge this practice upon the profession in this city, and upon his medical pupils. Ample experience, during a period of more than twenty years, had impressed him with the great value of this proceeding in cases of obstinate constipation, intestinal spasm, low fevers, peritonitis, and other diseases in which tympanitis is a prominent system. Dr. O'Bierne of Dublin has, within a few years, published a very elaborate work on defecation, in which the mechanical means of relieving distension of the bowels are very fully and ably set forth. The present notice is intended merely to excite renewed attention to this important subject, and to claim for the operation in question a place within the domain of surgery. The anatomical relations of the parts involved, the construction of instruments adapted to the end in view, the various obstacles which may obstruct their passage into the colon, with the means of overcoming them, all seem to require a more thorough examination than has yet been bestowed upon them.

In connection with this subject, we would invite the attention of the College to a new operation for artificial anus, performed, we believe, for the first time by our estimable fellow member Dr. Wm. Ashmead. As no account of this operation has been published, we shall endeavour to give an idea of it from notes placed in our hands by Dr. Ashmead—trusting that at some future period a more full and explicit description will be published. It consists in making an opening into the descending colon at the lumbar fossa, and in the triangular space between the edges of the obliquus externus, and latissimus dorsi muscles. The operation was performed 3rd mo. (March,) 15th, 1838, upon a female aged 37

years, who was affected with a schirrus tumour of the rectum, causing complete occlusion during a period of several weeks. The pain and distress of the patient was extreme. The abdomen and flanks were enormously distended, and the least motion or attempt to eat produced extreme suffering. She took ix. grs. of sulp. morphei daily, which produced but a slight mitigation of distress. In this condition, she eagerly desired the adoption of any means, which afforded a chance of relief, and the following operation was accordingly performed by Dr. Ashmead.

An incision was made through the skin, extending from the last rib to the crest of the ilium, immediately anterior to, and parallel with the sacro-spinal mass of muscles—the subcutaneous cellular tissue and superficial fascia were next divided with the aid of a grooved director. Three or four large nerves, and two small arterial and venous trunks now presented themselves, crossing the wound within its inferior half; the arteries and two of the nerves had to be divided, but no hemorrhage ensued, in consequence of the sudden retraction of the distended vessels. A layer of cellular tissue being now divided, brought into view a thin fibrous aponeurosis, which is the internal layer of the transversalis fascia, given off from its posterior edge to the internal surface of the quadratus lumborum, and inserted at the roots of the transverse processes of the vertebræ. This tissue is of uniform appearance and thickness, lies next to the bowel, is attached to it by cellular tissue, and might readily be mistaken for peritoneum—behind it laid the bowel enormously distended, but not visible, owing to the intervening fascia. At the inferior angle of the wound the edge of the quadratus lumborum was divided, in order to prevent it from forming a pouch with the punctured bowel.

Without dividing this aponeurosis, a large temporary ligature, in a strong curved needle, was passed through it, and the presenting portion of bowel, about an inch above the crest of the ilium, entering from behind, and brought out three quarters of an inch anterior to its point of entrance. A second ligature was immediately placed about one inch and a half above the first. The ends of these ligatures were now secured to the edges of the wound, on both sides, in order to fix the bowel firmly, and to prevent infiltration in the interstices of the divided parts or within the fascia. A small perpendicular opening was now made, by a bistoury, into the bowel, between the two ligatures, and enlarged by the aid of the director and finger to the length of one inch. Instantly a volume of gas and a small quantity of thin feculent matter escaped. All vomiting, spasm, and acute pain immediately ceased upon the opening being made. A piece of large flexible catheter was introduced about two inches up the colon, and secured by adhesive strips—(a measure which subsequent experience proved to be useless.) The application of simple

dressings around the wound, and a soft sponge to its edge to receive the discharge, completed the operation.

On the third day the catheter was removed, and the ligatures were withdrawn at the end of a week. As the wound contracted, its *posterior* edge was drawn towards the spine, while the surface next the abdomen, owing to the elasticity of the surrounding parts, was drawn along with it, so as partially to overhang the opening into the bowel, thus forming a sort of imperfect valve, and giving the opening an oblique direction—without at the same time interfering with the evacuations. The mucous membrane of the bowel, was evoluted, forming an elevated ring around the wound, which was extremely sensitive to the touch.

The operation was followed by considerable prostration for three or four days, owing to the sudden removal of distension, but all vomiting and pain ceased, the patient was able to take nourishment, and slept comfortably, with but little aid from anodynes. The change was so striking and gratifying that her friends now entertained hopes of a recovery; but the abdomen continued larger than natural, though it was soft and flabby—at the end of ten or twelve days a diarrhœa set in, with loss of appetite and depressed spirits, and the patient sank on the sixteenth day after the operation.

A post mortem examination hastily made, revealed universal adhesions of the peritoneal surfaces of the bowels, with false membrane in some places one eighth of an inch thick, limpid serum in the cavity of the abdomen—coats of the intestines so much thickened as to have lost their elasticity—no pus about the wound—the incision at least half an inch from the peritoneum, on either side of the bowels. Schirrus of the rectum, four inches in extent, extending to the vagina, arteries, ovaries and bladder.

Dr. Ashmead believes that his patient might have recovered, had not organic disease existed to so great an extent before the operation.

The peculiar merit of this operation is, in penetrating the colon at a point where it is not covered by peritoneum, and where no important parts are divided—and in maintaining an opening afterwards without risk, and with much less inconvenience to the patient than in other situations. Dr. Ashmead arrived at this method of operating by a careful and laborious investigation of the relation of the parts on the dead subject—he found that the colon, in the right and left lumbar regions, was easy of access, at no great depth, and without the division, necessarily, of any muscular fibre or of any important nerves and bloodvessels, and that the posterior surface of the bowel could be opened, at this point, without interfering with the peritoneum.

Dr. Ashmead was induced to investigate the subject from having witnessed, in Paris, an operation to form an artificial anus, in the left iliac region, in an infant, resulting in death on the following

day ; and having frequently heard of farmers thrusting a knife into the flanks of cattle, when bloated from eating fresh clover, he was induced to examine into the practicability of forming an artificial anus in this region, in man. It was not until two years after the performance of the operation that Dr. Ashmead heard of a similar measure having been proposed by Callisin of Copenhagen, in 1817.

On the 2nd of 6th month, (June) 1838, Amussat, of Paris, performed, for the first time, an operation, having the same object, though differing in several important respects from that executed by Dr. Ashmead. He was led to the examination of the subject, from having attended upon the celebrated Broussais, who died from a schirrus of the rectum, after great suffering, which was supposed to have been aggravated by the frequent use of bougies. Amussat's investigations tended to the same point as those of Dr. Ashmead, and resulted in the same conclusion.

The method of operating, proposed by Amussat (if we have a correct idea of it) is, we think, less ingenious and safe than that of the latter surgeon. He directs a transverse incision, midway between the crest of the ilium and the last rib, about four inches long, through the skin, the obliquus externus, the obliquus internus, the posterior aponeurosis of the transversalis,and the external border of the quadratus lumborum muscles; the bowel being penetrated free from the investing fascia. The plan of Dr. Ashmead appears to us, more in harmony with the anatomical relations of the parts; to have the merit of greater simplicity, and to be attended with less risk.

Amussat has reported five cases, in which he states that his operation has been successful—several of these were infants having a congenital malformation of the rectum or anus, forming a complete closure of the latter canal. The propriety of the operation in these cases appears to us exceedingly questionable, and altogether unwarrantable without a full knowledge on the part of those concerned, of the probability of an artificial anus being entailed upon the infant during the period of an existence, which would probably be limited to a short period and be full of suffering.

In cases of schirrus of the rectum or of any permanent obstruction of the lower bowel from disease, this operation appears to afford the best prospect of relief from present suffering; and the safest means of escape from a painful and speedy death. It may be performed either upon the right or left side, according to the position of the disease. To Dr. Ashmead, we believe, belongs the merit of having first performed this operation, and your Committee take great pleasure in inserting in this report, the notice of a fact so creditable to him, and so beneficial to those who may be reduced to the sad necessity of its performance.

Much attention has been recently bestowed upon the treatment

of hernia, and so far as our inquires have extended, its radical cure by the use of instruments, is now more frequently effected than formerly. This is perhaps attributable to the more correct views which are entertained of the nature of the different varieties of herniary tumours, and of the mechanical principles involved in the adaptation and construction of the truss. The truss is applied not merely to protect the patient from the dangers of strangulation, but with the view of retaining the bowel permanently within the abdomen, and by this means of effecting a closure of the ring. The surgeon aiming to produce a radical cure, maintains a careful supervision of the case, adapting his means to the end, and hence his labours are frequently crowned with success. This department of surgery has been, until recently, too much in the hands of instrument makers, and venders of favourite patented instruments, who are often ignorant of the principles involved in the treatment, and are hence incompetent to conduct a case to a favourable issue. Physicians, too, for the want of due attention to the subject, have participated in this ignorance, and hence many patients have probably suffered under hernia during a long life, of which they might have been cured by timely care and the requisite amount of skill. A better day has dawned, however, and we anticipate, at no very distant period, that this frequent and formidable malady will be, in the large proportion of cases, under the complete control of surgical means.

Malgaigne, a French surgeon, who has recently been industriously devoted to the collection of statistics upon various surgical subjects, has turned his attention to the causes of the frequent mortality after operations for strangulated hernia. He considers the operation more dangerous, and less successful in its results than is generally supposed. This opinion is based upon the statistics of all the operations performed in the Hospitals of Paris, during a period of five years, viz. from 1836 to 41. Of 183 cases operated on in this time, 114 died—and of those patients between the ages of 50 and 80 years—70 out of 97 died.

This result is attributable in part, according to Malgaigne, to the indiscriminate resort to the operation, in all cases, in which there is an inability to return the bowel, and in which the symptoms indicative of strangulation have acquired a certain degree of intensity. In many of these cases, Malgaigne asserts, that there is really no strangulation at the neck of the sac, nor any obstruction in the bowel, but that the symptoms are dependant on inflammation in the serous lining of the sac, or in the whole mass of the tumor, which is to be treated by antiphlogistic measures, and which must be reduced before the tumour will yield.

In all these cases, which constitute in his opinion, a large proportion of those which are subjected to the operation, it is contra-indicated and the patient will be apt to die, after the return of

the bowel, from the extension of the unsubdued inflammation to other portions of the peritoneum.

This view of the subject receives confirmation from the report of a case published by Prof. Williams in the Dublin Medical Press, for December 29th, 1842. This gentleman exhibited to the Surgical Society of Ireland a specimen taken from a patient who died in the Dublin Hospital seventy-six hours after having been operated on for supposed strangulated inguinal hernia. On opening the hernial sac, no stricture could be discovered, no pressure or constriction was exerted by the ring or inguinal canal upon any portion of the sac or intestine. The only obstacle to the return of the intestines was its own condition; its surface being covered with a thick layer of coagulable lymph, which rendered it rigid and unyielding. After the incisions, it was returned with some difficulty and the bowels were freely opened subsequently—but the symptoms of peritoneal inflammation persited, and the patient died.

On dissection, the coats of the portion of intestine which had been protruded, were found to be enormously thickened by the effusion of coagulable lymph on the serous surface of the bowel, and in the sub-serous cellular tissue. From this point the inflammation had spread so extensively as to cause the death of the patient. Prof. Williams believed that the case was one of *inflamed*, and not of *strangulated* hernia, and that the operation was, to say the least of it, useless. The means of ascertaining, during life, the difference between these two conditions, he considers to be a question of great practical interest, upon which no definite rule can at present be laid down.

We think with him that the subject is one of moment, and deserving of more attention than it has yet received; and it is with this view that we have introduced the views of Malgaigne and Williams (which appear to have been formed without the knowledge of each other) into this report. At the same time we must dissent from the recommendation to trust cases, in which a portion of bowel is protruded, and the characteristic symptoms of strangulation exist, to the operation of antiphlogistic means alone—at least until the points of difference alluded to, can be definitely and unequivocally established. The recommendation of Hey, Pott, Boyer, Cooper, Parrish, and others, to operate *early*, is not to be slighted—and we believe, that much of the ill success which attends the operation, is attributable to a neglect of this salutary caution. Even should no obstruction exist, we cannot conceive that the operation, carefully performed, would be as hazardous, as to allow an inflamed portion of intestine to remain impacted into a small space, with the risks of mortification, to which its increasing bulk would expose it, on the one hand, and with the danger of the extension of peritoneal inflammation on the other, which would exist both

while the bowels remained within the sac, and after its return into the abdominal cavity. Nor can we believe that death from peritonitis, after the operation, occurs with any thing like the frequency which the observations of Malgaigne would lead us to infer. In thirty-four cases of strangulated hernia in which the operation has been performed in this city, and of which we have a record—we find from hasty reference that thirteen deaths occurred—of these, nine were the result of mortified bowel, in consequence of the operation *being too long delayed*—three died of peritonitis several days after the operation, and one from a small slough which had formed at the point of stricture, and opened several days after the return of the intestine. We consider, therefore, that the doctrine promulgated by Malgaigne, on this point, is fraught with danger, and trust that it will not be hastily adopted.

Malgaigne has also applied himself to the collection of statistics touching the mortality after amputations. The result of his inquiries have been published in the Medical Examiner, for July, 1842, by Dr. Clymer—who has kindly furnished us with the following summary —comprising all the amputations performed in the Parisian hospitals from January 1st, 1836, to January 1st, 1841, whether for diseased limbs, or for injuries, with their results.

Thus after 323 amputations of some portion of the superior extremity—there were 75 deaths—as follows:

	Pathological.		Traumatic.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Shoulder Joint,	6	3	7	7	13	10
Arm,	61	24	30	17	91	41
Fore Arm,	17	5	11	3	28	8
Wrist Joint,	12	0	4	0	16	0
Metacarpal Bone,	8	1	1	0	9	1
Fingers,		(not stated.)			166	15
Total,	104	33	53	27	323	75

After amputations of the inferior extremity, the following are the results.

	Pathological.		Traumatic.		Total.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Hip Joint,	1	1	0	0	1	1
Thigh,	153	92	46	34	199	126
Leg,	112	55	79	50	191	105
Foot,	29	3	9	6	38	9
Metatarsal,	6	0	2	1	8	1
Toes,		(not stated.)			85	9
Total,	301	151	136	91	522	251

The results of the traumatic amputations of the thigh and leg, performed immediately after the reception of the injury, or after a lapse of time, may be thus stated.

	Primary.		Secondary.	
	Cases.	Deaths.	Cases.	Deaths.
Thigh,	16	12	10	6
Leg,	33	22	10	7
Total,	49	34	20	13

From these tables it appears that the mortality was 326 out of the whole number 845, or nearly two in five—251 for the inferior extremity, or about one half—75 for the superior extremity, or nearly one fourth.

It will be seen also that the great pathological amputations give a mortality of 48 per cent, and the great traumatic amputations, 64 per cent. In 94 primary traumatic amputations of the thigh and leg, there were 34 deaths. In 20 secondary traumatic amputations, there were 13 deaths.

From these investigations the following general conclusions may be drawn:

Firstly. Pathological amputations, or those for chronic diseases, are the most successful, in both military and civil life.

Secondly. That secondary traumatic amputations in civil life are more successful than primary.

Thirdly. That primary traumatic amputations are more successful in military life.

This scale of mortality is certainly very high, and if correct, presents a discouraging picture of the success of this branch of surgery, at least in the French capital.

Dr. Clymer has extended the investigation to other countries and periods, but our limits will not permit us to follow him in these very interesting details. They who are curious on the subject will find them in the Medical Examiner for September 3d, 1842.

Within the past year the operation of Dr. Barton for the relief of permanent anchylosis of the knee joint, has been repeated by Dr. Gibson, on a patient at the Philadelphia Hospital. The result was most gratifying, affording another evidence of the triumph of surgery over one of the most frightful and hitherto irremediable deformities. A full report of the case, drawn up by Dr. T. L. Walker, House Surgeon of the Hospital, may be found in the American Journal of Medical Sciences, for July, 1842.

The rare and hazardous operation of tying the primitive iliac artery, for the cure of a large inguinal aneurism, has also been performed in Philadelphia within the past year. The patient was a stout, athletic man, who was admitted into the Pennsylvania Hospital, 8th month, (August) 22d, 1842.

The operation was performed by Dr. Edward Peace, one of the surgeons of the Institution, on the 29th of the same month, in the presence of a large number of physicians and medical students. No unpleasant symptom followed—pulsation in the tumour ceased at once. A certain degree of numbness occurred occasionally in the limb, for the first two weeks: insensibility was complete immediately after the operation, but returned at the end of three days. The ligature came away on the thirty-fifth day after the operation, and soon after the man was discharged from the Institution, being able to walk about, and having recovered completely from the effects of the operation. The tumour became harder soon after the operation, and has been gradually diminishing in size, from that time, to the present. As a full report of this interesting case, will be shortly published by Dr. Peace, we shall forbear a further notice.

Dr. Wood related to the College, that in a violent case of Croup which he had recently seen in consultation, and which was still under treatment, the most marked benefit had followed the application of a tobacco cataplasm to the throat.

Before this remedy was resorted to, the case had persisted for three or four days, notwithstanding the use of the most active remedies, as depletion, calomel alternated with lobelia, &c. It was feared, from the character and violence of the symptoms, that the formation of a false membrane had actually commenced within the trachea, and the patient was considered to be in the most imminent danger. At this juncture, the tobacco cataplasm was applied, with the most happy effect.—The spasm of the glottis was relaxed, the respiration became easier, and the patient was soon in a condition that gave good hopes of his ultimate recovery. Dr. Wood did not attribute the recovery in this case solely to the use of the tobacco cataplasm, but considered it a very important adjuvant to the other remedies. He was not in the practice of resorting to tobacco in ordinary croup; but in cases of extreme danger, where the remedies usually employed fail, the patient should not, in his opinion, be abandoned without giving this medicine a trial.

Dr. Evans remarked, that he could bear testimony to the good effects of tobacco poultices to the neck in cases of violent spasms of the glottis. An insane patient at the Frankford Asylum, in struggling against the nurse, whilst an attempt was made to administer to him some muriated tincture of iron, drew a portion of the article into the larynx; violent irritation and spasm immediately ensued, and the difficulty of breathing was so great as to threaten the speedy extinction of life. The arms of the patient were kept extended above the head, and could not be brought down to the side with-

out apparently increasing the difficulty of breathing and sense of suffocation. The symptoms were so urgent that Dr. Evans had determined to open the trachea; before proceeding, however, to this operation, he concluded to apply a large poultice of moistened tobacco leaves around the throat. The peculiar effects of the tobacco were soon manifest, and the more alarming symptoms of the case passed over, and by a continuance of the remedy the recurrence of the violent spasms which threatened suffocation was prevented, and time was thus allowed for the employment of active antiphlogistic measures, to subdue the inflammation which subsequently ensued. Under this treatment the patient ultimately recovered from the effects of the accident.

Dr. Caspar Morris considered the tobacco as a remedy of doubtful propriety, especially in children. Instances of very severe, and even fatal symptoms frequently occur, from the external application of tobacco. Cases of death from the use of snuff plasters in croup are occasionally reported. The dreadful effects resulting from tobacco enemata in surgical cases are well known. These facts require that the utmost caution should be observed in its use. Dr. M. had been deterred from the employment of the tobacco in his practice from having early witnessed the violent effects produced by it; he is accustomed to rely, in the treatment of croup, chiefly on the steady use of calomel. He believed, that in both of the cases related this evening, more was to be referred to the calomel administered than to the lobelia and tobacco in the one, and the tobacco alone in the other. In a violent and apparently desperate case of croup, he had seen the most surprising remedial effects result from the administration every two hours of ten grains of calomel, until one hundred grains in all had been taken. He considered that the employment of tobacco, more especially as a popular remedy, to be extremely dangerous, and that it ought to be discouraged by physicians.

Dr. Wood was well aware of the dangerous effects occasionally resulting from tobacco enemata; and when applied externally for the cure of cutaneous eruptions, to an ulcerated or otherwise denuded surface, he could easily conceive that the application of tobacco might be productive of very violent symptoms, indeed even prove fatal. He has never, however, seen fatal prostration or in fact any injury follow its application to the sound skin. It is, nevertheless, he admitted, a remedy that requires watching. He considered its administration in the form of enema as the most dangerous, inasmuch as the remedy in that case remains in the rectum, and cannot fail to be extensively absorbed. A large dose administered by the stomach would probably be rejected; and when applied externally, it may be removed at any moment, should any alarming symptoms ensue. Dr. W. suggested that some of the reported deaths from the use of tobacco, might have been produced by the violence of the disease, and not of the remedy. Persons are often prone to attri-

bute an unfavourable termination to the effects of the medicine last used, when it has been, in fact, the natural and unavoidable issue of the disease. The tobacco is a remedy, however, of great power, which he never applies without strict supervision, and he would deprecate its employment altogether as a domestic remedy.

Dr. J. Wilson Moore had been deterred from using the tobacco in the form of poultice from his knowledge of its dangerous effects when injected into the rectum, and from the accounts which he had read of its deleterious operation when applied externally. He would inquire of Dr. Wood, in what quantity he applied it as a poultice, and how long he allowed it to remain on.

Dr. Wood replied, that he never employs any particular quantity of the tobacco, because when applied over a certain extent of surface, only a limited amount can be absorbed. He generally directs the moistened leaves to be formed into a poultice by the addition of some adhesive article, as flaxseed meal. The moistened leaves of the tobacco by themselves will however answer as well. The time the tobacco should be allowed to remain on will vary according to the effects produced; if the skin becomes cool, the surface palid, the pulse feeble, with nausea or vomiting, it should then be at once removed, and appropriate remedies resorted to, if necessary, to counteract its effects. In the case he had referred to this evening, these symptoms occurred in about an hour and a half from the application of the tobacco; in another case, in which he had used it, several hours elapsed before they appeared. Dr. Wood remembered reading the account of a case of death which occurred in Paris from the injudicious use of tobacco enemata; but, merely because it is thus deleterious, it should not be abandoned from the catalogue of medicines, or else opium and other equally important articles should share the same fate.

Dr. Caspar Wistar confessed, that he had been deterred from the use of tobacco, in consequence of having early in his practice seen bad effects result from it. In severe cases of croup, in very young children especially, he had observed such happy effects from the application of large bread and milk poultices around the throat that he was disposed to attribute much of the good effects referred to the tobacco poultice to the influence of warmth and moisture alone. He would inquire, whether in all the cases in which the tobacco poultice was employed, the peculiar effects upon the system of the tobacco were observed; if not, he should be inclined to refer the good effects derived from its application in these cases simply to its action as a cataplasm.

Dr. Wood replied, that he was well convinced that the tobacco operated through the cuticle without abrasion of the surface. He was also very partial to the use of warm emollient poultices around the neck in cases of croup, and had seen them produce the most happy effects, but that in the cases to which he has referred, in

which the tobacco was externally applied, the striking benefits that resulted, were to be attributed, he is very certain, to the specific effects of the tobacco, and would not have occurred had ordinary poultices only been employed. Dr. Wood was well convinced that the tobacco will produce its effects when applied to the sound cuticle; but, nevertheless, if employed with caution, and its effects are duly watched, it may be resorted to in cases of children as well as of adults, without fear of any dangerous consequences ensuing.

Dr. C. Morris considered that the tobacco was altogether uncertain in its operation, especially when endermically applied, and it was his impression, that there was this marked distinction between the action of tobacco and opium, that while the latter was tolerably certain in its operation upon the system, and consequently the extent of its influence was capable of being graduated with tolerable accuracy, the action of the former was not only uncertain and variable, but that when once its peculiar prostrating effects have been fully produced they cannot be counteracted by any known means. If the tobacco can be used with anything like certainty, and we are able to direct and control its effects, Dr. M. would be very glad to avail himself of such a powerful addition to his other remedial agents, especially in a disease of so violent and quickly fatal a character as croup, and in which death is attended with so much of agony to the little patient, rendering it one of the most dreadful circumstances the physician is called upon to witness. Dr. M. considered the pathology of croup to be but little understood—in his opinion it is an error to attribute the membranous exudation within the trachea to inflammation. The exudation would rather appear to depend upon a particular state of the blood, which is not to be overcome by deplteion, but by means calculated to restore the whole mass of blood to its normal condition: carried too far active depletory remedies, may even, the doctor is persuaded, accelerate the fatal termination of the disease.

Dr. Pepper had recently witnessed alarming symptoms, following the application of tobacco, in a patient who was under his care, with a disease of the heart. The patient was affected with distressing dyspnœa, and Dr. P. concluded to try the effect of a plaster containing xv drops of the oil of tobacco, applied over the cardiac region. At first the application of the plaster was apparently unproductive of either good or bad effects. After some time had elapsed, however, the doctor was summoned in great haste to see the patient, and found him labouring under great prostration, with cold skin, feeble pulse, &c. The plaster was immediately removed, and he found that it had produced vesication. He had no doubt that all these symptoms had been caused by the absorption of the oil of tobacco, in consequence of the blistering of the skin; consequently no effects resulted from the remedy until the blister was produced. The doctor mentioned likewise a case of croup, in which the common popular remedy, a snuff plaster, was applied upon the chest of

the child, which quickly produced a state of alarming prostration. The little patient was recovered by a prompt resort to stimulants internally and externally. Dr. Pepper has always been impressed with the belief that the effects of the tobacco when once induced continue even after the removal of the remedy. He nevertheless considers it to be a valuable remedial agent when cautiously employed, under the superintendence of a skilful physician.

Dr. Ashmead related the history of two cases of croup, occurring in twins, in which the most alarming prostration was induced by the injudicious use of tobacco poultices, applied with the knowledge of a respectable practitioner. One of the children died evidently from the effects of the remedy, and the other was recovered with great difficulty by the free employment of stimulants. Dr. A. obtained the history of these cases from Dr. John Uhler, who had been called in to see them.

Dr. Evans remarked, that in the case related by him, in which the tobacco poultice had been productive of the most decided good effects, no vesication had occurred at the part to which the poultice was applied. The symptoms of the case were of a most violent character. In a very short time after inhaling the muriated tincture of iron, the patient was violently struggling for breath—all the symptoms, indeed, indicated the speedy occurrence of death from suffocation. There appeared to be considerable spasm of the glottis preceding the setting in of inflammation. It was evident to him that the death of the patient must speedily ensue unless the respiration was relieved by tracheotomy, or the spasm relaxed by the effects of tobacco, and the influence of the latter was so prompt in causing a relaxation of the spasm, and thus suspending the difficulty of respiration, that the opening of the trachea was found to be unnecessary.

Dr. Wood was desirous that the College should not be led to form an erroneous opinion in relation to his practice. He seldom employed tobacco as a remedy in croup; but in violent cases, in which milder remedies have failed in procuring relief, and there is imminent danger of the death of the patient, then would he resort to the tobacco poultice, watch its effects with care, and continue or discontinue it according to the effects produced. He had no idea of employing it as an ordinary remedy in cases of croup.

He believed that the effects of the tobacco are more permanent than those of most other remedies, but it is to be recollected, that the prostration and relaxation produced by the tobacco, are, in the cases to which its employment should be restricted, remedial; and whenever they become too great, can be removed by stimulants. Gentlemen seem not to be aware how many are in the habit of using tobacco constantly, most of whom, when they commenced its use, experienced its prostrating effects, and yet survive to tell of these effects.

Stated Meeting, December 6, 1842.

Dr. Hewson, President, in the Chair.

Present, thirteen members.

Alfred Stille, M. D., and
John J. Reese, M. D., were elected Fellows of the College.

Dr. B. H. Coates, on behalf of the Committee, appointed at the meeting of the College in August last, "to take into consideration the present state of the medical profession, &c." presented and read a Report, embracing various modifications and additions to the rules adopted by the College, for the regulation of the intercourse of the members of the profession with each other, and with their patients, which on motion of Dr. Condie was laid on the table.

Communications were presented and read by the Secretary, Dr. Bond, from Dr. John Ware, of Boston, and Dr. John Hubbard, of Hallowell, Me.

Dr. B. H. Coates announced to the College the death of Baron Larrey, Surgeon General to the French Armies, under the Emperor Napoleon, with a few remarks in relation to the professional character and career of that distinguished surgeon.

Dr. Parrish inquired of the Fellows present, if they had recently witnessed any cases of an eruptive disease, resembling in many points scarlatina, and yet differing from it in some particulars. He had himself within a short time seen several such cases. The disease came on with vomiting, succeeded by a hot skin, rapid pulse, furred tongue, sore throat, and was attended with a bright scarlet efflorescence around the chest and neck, presenting at its outset nearly all the evidences of an acute attack of scarlatina. In twenty-four or forty-eight hours, however, the symptoms declined, and the eruption disappeared without desquamation; the tongue cleaned off, and at the end of three or four days the patient was well. Dr. Parrish had not been a little puzzled in forming satisfactory diagnosis in these cases.

Several of the fellows stated that they had seen cases somewhat similar to those described by Dr. Parrish, and were disposed to consider them as mild cases of scarlatina simplex.

Dr. Condie doubted whether the cases referred to by the Fellows, were cases of genuine scarlatina. He suspected that upon a more close examination they will be found to be merely cases of Roseo-

lar Eruption, accompanied with cattarrh. It is well known that the roseolar eruption, when attended, as it not unfrequently is, with catarrhal symptoms, can with difficulty be distinguished from the milder forms of scarlatina, particularly in its earlier stages. Cases of roseola have, in fact, not unfrequently been mistaken for those of scarlet fever, and this may account for the reports we not unfrequently hear of repeated attacks of scarlatina in the same individual, at short intervals, or the occurrence of a fatal attack of the disease in a child who had previously passed safely through it. The German pathologists have paid considerable attention to this subject. Heim and Stromeyer especially have devoted considerable attention to the characters by which roseola is distinguished from genuine scarlatina.

Dr. Ashmead had recently seen a few cases of scarlet fever, the premonitory symptoms of which indicated an attack of a very malignant character, but which readily gave way to a very mild treatment. He has been particularly pleased with the use of a gargle or wash of a solution of the acetate of lead to the throat in scarlatina. The strength in which he employed the solution was double that of the shops, viz. one ounce of the acet. plumbi. to one pint of water, with the addition of a little vinegar, to render the solution of the acetate complete. As a wash for the ulcerated throat of scarlatina as well as smallpox, he considered this remedy to be an exceedingly valuable one, especially in cases occurring in young children. It should be applied with a swab. In several instances in which the appearance of the throat was at first of a very malignant character, the cautious and diligent use of this solution of sugar of lead as a wash, had appeared to him very effectually to reduce the swelling and inflammation, and to render the disease milder and more manageable.

Dr. Parrish inquired whether there was not some danger in the use of this wash in young children, particularly as it was extremely difficult to prevent a portion of it from being swallowed.

Dr. Ashmead replied, that he had never seen any bad effects from its use when judiciously employed.

Dr. Condie remarked, that he was by no means convinced the effects of the acetate of lead, when taken into the stomach, were as deleterious as they are generally supposed to be. He has for many years past been in the habit of administering acetate of lead to children affected with cholera infantum, without, in a single instance, witnessing any bad effects to result from its use. In dysentery occurring in adults, and in cases of hemorrhage, he has used the sugar of lead very extensively, as well by the mouth as in the form of injection, and in but one instance has he known it to produce colica pictonum. This was in a delicate female, labouring under uterine hemorrhage, and he is very certain, that the prescription, as put up by the apothecary, contained in this instance

nearly as much of the carbonate as of the acetate of lead. He is always in the habit of directing the perfect, semi-transparent, crystals of the salt to be used when it is administered internally, and of carefully proscribing, during its use, every article that can have a tendency to cause its decomposition.

Dr. Darrach remarked, that he has employed the acetate of lead in numerous instances without any bad effects ensuing.

Dr. Paul had seen one case in which the acetate of lead, administered for the suppression of uterine hemorrhage, certainly produced a violent attack of colica pictonum; as to the purity of the article employed in this case, he is unabled to speak with certainty.

The President, Dr. Hewson, was of opinion, that the danger apprehended from the internal use of acetate of lead was much overrated. He had been called some years ago to a child who had taken half an ounce of acet. plumbi, in solution, by mistake. It produced no other effect but a smart purging, without any permanent injury. This property, he remarked, which some medicines have of purging in large doses, while they act as astringents in small doses, is very curious. Alum in doses of half a drachm is very astringent, while it purges in doses of half an ounce.

Dr. Hewson had found the most beneficial effects from the acetate plumbi, in small doses, in the malignant cholera of 1832. In one patient, who had excessive irritability of stomach, and in whose case the various anti-emetics in common use had failed to make an impression, Dr. H. resorted to the acet. plumb. in dose of half a grain every half hour, with the most marked relief. The remedy was continued at intervals until xx grs. had been taken. Dr. H. was led to the use of this remedy in cholera from the favourable reports made of its efficacy in restraining the irritability of the stomach in yellow fever by Dr. Irwin of South Carolina.

Stated Meeting, January 3, 1843.

Dr. Wood in the Chair.

Present eighteen members.

Amos Twitchell, M. D., of Keene, N. H., was elected an Associate of the College.

Dr. Bond tendered his resignation as Secretary of the College, which resignation was, on motion, of Dr. Otto, accepted; to take effect from and after the next stated meeting of the College.

Dr. MOORE presented and read the "Annual Report on METEOROLOGY and EPIDEMICS."

The Report, with its accompanying tables, being too voluminous for insertion in the Summary, a few extracts from that portion of it which treats of the prevailing diseases of the past year, only, are presented.

Indisposition from catarrhal affections was more frequently noticed during the months of January and February comprehended in the present Report, than in the corresponding portion of 1841. If the observations we have collected can be relied on, the complaint was not less prevalent in the month of June. This inference receives considerable corroboration from the list of interments published by the Board of Health. The number of persons reported to have died from inflammation of the bronchi, in each of these months having been exactly fifteen.

Inflammation of the eyes, the ears, and tonsils occurred as idiopathic affections, though in many instances such complaints were observed blended with and constituting part of the assemblage of symptoms attendant on catarrh.

At the period of presenting the last Report, the annual table usually published by the Board of Health had not been received. For want of this document, the calculation of the mortality occasioned by smallpox was drawn from the summary of the weekly reports. In the statement then offered, it was presumed that 257 persons had fallen victims to this disease, a mortality during a period of 30 years, exceeded only by the deaths in 1824. The number carried off by this malady in this year, 1842, may be estimated at 151. The greatest mortality was observed in January. In October the disease is not noticed in the list of interments.

The laws which govern the propagation of this fatal malady appear to have been forgotten, or too much disregarded by the

profession. In the intercourse with the infected, to which medical men are necessarily called, they ought to take every precaution to avoid their becoming the means of communicating the disease to the unprotected. The change of outer garments and the perfect ablution of hands on these occasions, can hardly be impracticable, and will in all probability prove sufficient, and the practitioner will be saved from the painful reflection of believing himself the unhappy cause of introducing a loathsome disease, perhaps death, into a family he has entered as the invited minister of health.

Measles noticed in the last report as having declined after the summer solstice, perhaps not observed during October and November, again appeared in December. From that period the disease seems to have prevailed, and to have arrived at its height in the month of June. After the first week in July only one death from this malady is recorded during that month. One solitary instance of death from measles appears in the list of interments for August, since then, the disease has not been noticed.

During no one month of the present year has the city been exempt from the ravages of the Scarlatina. The peculiar acid character of the urine, varying in intensity, according to the progress, and force of the disease, mentioned in the last report, has been fully confirmed by the experience of the present year. The influence on the treatment which the knowledge of this fact may have, time must determine.

Cases of Intermittent Fever were observed early in March, and continued during the two succeeding months. In character the disease accorded with the description so generally given by writers of vernal Intermittents. In August, September, October and November the cases of the disease were greatly multiplied. In the treatment greater caution in the administration of Cinchona and its preparations was required, than is usually observed in the autumnal season. It was found most advantageous to wait the repetition of a full intermission, and for the apyrexia to be unequivocal before resorting to the remedy, whose powers proved so generally beneficial in removing the disease.

Whooping Cough was not confined to any one portion of the year, deaths from the disease having been reported in every month. The mortality was most conspicious in April, and again in July and August. In the latter months the mortality was 41 and 35, the larger number of deaths occurring in July.

While this disease prevailed, many adults about the meridian of life imagined themselves affected with whooping cough, for the second time. The paroxysms of coughing came on particularly in the morning, before the person rose from bed. A degree of stricture was felt in the throat, accompanied by difficulty of breathing. The inclination to cough was severe, and incessant for a time, but ultimately subsided on the expectoration of a thin frothy

sputum. During the paroxysm the face was flushed, the pulse much accelerated, and the skin warm. Occasionally, but not often, the fits of coughing terminated in vomiting. The persons thus affected were either of a plethoric habit, or subject to asthma. The whoop which characterises pertussis was in no instance observed, though a very audible sound, attended the efforts at inspiration. Judging from individual experience, the disease did not prove fatal in any of these supposed cases of secondary whooping cough.

At the close of May, during the two succeeding months and in the early part of August, many persons were affected with severe indisposition, in which the bowels appeared to be particularly interested. It generally commenced with severe pain in the abdomen; most frequently in the epigastric and hypochondriac regions. There was evident tenderness on pressure. Occasionally the pain and soreness were referred to the hollow of the ilium, and to the region immediately above the pubis. The patients complained of nausea and were sometimes affected with vomiting:—the matter ejected being generally tinged with bile. At this period the stools were thin and highly offensive. A strong desire for cool drink was frequently expressed. The tongue was furred—the coating varying in colour, being sometimes white, on other occasions of a light (wood) brown: considerable heat of skin was observed. The pulse likewise indicated the febrile condition by its greater frequency and increased volume and force.

Remissions were observed towards the succeeding morning; but the symptoms were generally aggravated in the evening. In the progress of the disease, the diarrhœa, noticed in the incipient stage, often alternated with constipation. In one case, during the second week, there was a very copious discharge of blood, without any admixture of feculent matter:—the quantity exhibited exceeded a pint:—it was fluid and resembled grumous blood.—This patient recovered. As the disease advanced a difficulty in voiding the urine was occasionally observed. The intellect was rarely impaired. In some instances delirium came on with the exaccerbation of the fever in the evening. When the disease terminated fatally, the patients became lethargic and comatose:—this condition of the sensorial powers continued from one to three days before death took place. In the instances of recovery, the disease terminated in the course of the second week, or was prolonged to the close of the third week. In one child, the favourable change was not noticed earlier than the fourth week. In one patient, presenting all the symptoms of the incipient stage, who was largely bled, convalescence was established on the third day.

The opportunity of ascertaining the pathological changes observable on the inspection of the dead body not having been permitted, no positive information can be given respecting the actual seat of the disease; yet few we believe will doubt that the mucous

follicles were particularly interested. The train of symptoms and the relief afforded by the abstraction of blood, either by the opening of a vein or by the application of leeches, together with the benefit derived from the use of diaphoretics render the inflammatory character extremely probable. According to the late French pathologist—in the Typhoid or Camp Fever the mucous follicles of the ilium, immediately above the ileo cœcal valve have been uniformly found enlarged, the result it is supposed of previous inflammation. The peculiar eruption on the skin so generally observed in that form of fever, was not detected in any case of the disease just described, though the examination was very scrupulously made.

In the course of November and December, cases of unequivocal Enteritis were the objects of medical attention. The affection was generally attributable to certain articles of diet so frequently presented at this season, and from eating of which so many persons experienced a difficulty in refraining. Exposure to cold contributed likewise in many instances to the production of the disease. These causes operating with less force, seemed to induce diarrhœa, preventing more serious disturbance by quickly removing the indigestible and offending matter.

At this period, children were affected with a papular eruption, distributed in patches, rather gyrated than crescented, chiefly on the trunk, scarcely perceptible on the face, and not very easily detected on the extremities. The colour was a very pale rose, or faint blush. It was generally associated with disturbance of the bowels; but lachrymation and cough were not present, by which it was readily distinguished from Measles. The duration varied from two days to the period of one week. In no instance was it the object of much solicitude, though the parents and attendants, were frequently alarmed at its first appearance, supposing it to be the measles or scarlatina, according as their fears had been excited by the prevailing reports.

The following table, with which the report concludes, presents a general view of the state of the Thermometer, Barometer, and weather for each month of the year 1842.

1842.	Temperature.			Daily Var.		Barometer.	Wind.				Weather.					Dew Point.	Inches of Snow.	In. of Rain and Melted Snow.
	Highest.	Lowest.	Mean.	Greatest.	Mean.		N.E.	S.E	S.W.	N.W.	Clear.	Variable.	Cloudy.	Rain.	Snow.			
January, . .	60	18	39	22	8	30.	2	3	19	7	4	20	7	5	3	25	.27	1.36
February, . .	66	19	38	16	9	30.	2	2	13	9	4	16	8	7	1	27	.27	4.26
March, . . .	69	25	48	26	13	30.1	7	3	12	9	4	17	10	8	3	30	.08	2.83
April, . . .	81	30	52	28	18	30.	9	3	9	9	3	18	9	9		38		5.29
May, . . .	82	42	60	32	18	29.9	8	5	11	7	8	16	7	13		46		6.10
June, . . .	90	47	70	29	18	30.	4	6	14	6	4	16	10	13		58		3.16
July, . . .	90	62	75	21	13	30.	6	5	16	4	3	18	9	11		65		11.71
August, . .	88	55	72	17	13	30.	7	8	4	12	4	20	7	10		66		3.75
September, . .	89	38	65	23	15	30.	7	3	9	11	4	20	6	7		54		1.26
October, . . .	73	36	56	26	16	29.9	4	2	14	11	12	18	1	3		41		1.78
November, . .	60	19	43	21	9	30.1	6	2	9	13	7	16	7	7	3	25		3.48
December, . . .	45	17	33	14	7	29.9	8		9	14	3	14	13	5	4			3.65
For the entire year,			54		13	29.9	70	50	137	108	60	209	94	95	14			48.57

NOTICE.

Individuals, not members of the College, may be supplied with the "Summary of the Transactions," at the store of J. G. Auner, No. 333 Market Street, Philadelphia, at the rate of twenty cents for each number.

QUARTERLY SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

FEBRUARY, MARCH, AND APRIL, 1843.

Stated Meeting, February 7, 1843.

Dr. Hewson, President, in the Chair.

Present, twenty-one members.

D. Francis Condie, M. D., was duly elected Secretary of the College, in the place of Dr. Henry Bond, resigned.

On motion of Dr. Condie, the following resolution was unanimously adopted:

Resolved, That the thanks of the College be presented to Dr. Henry Bond, for the very able and faithful manner in which he has fulfilled the duties of its Secretary, for the last eleven years.

Dr. JOSEPH WARRINGTON presented and read the Annual Report on the DISEASES OF WOMEN, as follows:—

The Committee on Diseases of Women, in his attempt to fulfil the duties of his appointment, and to present to the College "a review of such interesting facts and doctrines," pertaining to the subject committed to him, "as have been offered to the profession during the past year;" has carefully collated the various observations reported through the periodical journals and other publications, and made personal inquiries among his medical friends and associates, and begs leave to present to the College the following as the result of his labours—regretting at the same time, that he has been enabled to comprise in his report so few facts of either a novel or particularly interesting character.

The opinion appears to be gaining ground, founded as well upon the observations of the physicians of this country, as upon the published sentiments of experienced practitioners, and clinical lecturers of Europe, that Chlorosis is a constitutional, and not a local disease; that it is not so much dependant upon want of activity in the function of the uterus, as upon that function being delayed, in consequence of a deficiency of healthy action throughout the general system.

The sentiment of regret experienced by all intelligent medical men in our own country, in regard to the incorrect ideas entertained, and carried out by many teachers and parents, on the subject of the physical education of females, is fully endorsed by a large number of transatlantic physicians, and it is feared, that until a rational improvement in this matter shall be effected, the disease alluded to will continue to prevail.

Dr. Ashwell remarks, in regard to the treatment of this affection, that our first attention must be directed to the improvement of the digestive organs, it being impossible to amend the deteriorated condition of the blood, until the organs of nutrition are in a fitting state for its elimination. Hence the propriety of securing the due relief of the bowels by aloes and rhubarb, or the sulphate of soda and manna, and when alteratives are required, the hydrargyrum cum creta. Mild cordials should be combined with the aperients. Warm clothing, regular exercise, and when the state of the appetite will admit of it, animal food and malt liquors are to be recommended. If, by such means, the general vigour of the system is restored and the complexion cleared in some degree, the iron, and especially the sulphate, is indicated. If this, however, be administered before the system is prepared, by the means already mentioned, the condition of the patient will be aggravated and not relieved. The sub-carbonate of iron is better borne by the system in some cases, and occasionally other tonics, as quinine, sarsaparilla, zinc, &c., will effect the purpose. The iodide of iron has proved useful when the strumous diathesis is associated with Chlorosis. The mustard hip bath, and the salt shower bath across the loins, are excellent adjuvants. Injections into the vagina, of liquid ammonia diluted in milk, in the proportion of a drachm of the former, to a pint of the latter, proved very useful in the establishment of the catamenia in the hospital with which Dr. A. is connected. We infer, however, that this remedy was not resorted to until the general health had become established, and the uterine system merely required a local stimulant to excite it to the performance of its proper functions.

It may be considered as now pretty well established, that we possess few articles capable of directly exciting a healthy catamenial secretion, unless the general health of the female be previously well established, or is rapidly improving:—But when this is the case there are many means within the reach of the practitioner which

aid, more or less, directly in the establishment of menstruation. From considerable opportunities of observation, Dr. Golding Bird has been led to speak highly of the use of electricity in the cure of Amenorrhœa, and he states, that most of the patients who presented themselves at the electrical room of Guy's hospital, under his care, had the catamenial function established or restored, provided their systems had been previously prepared by the use of appropriate purgatives, and a proper course of exercise and tonics. We are not aware that the mode of applying the electricity in that hospital, is, in any important respect, peculiar; and any marked success from its use depends, we suspect, entirely upon the judgment with which the particular condition of the patient is diagnosticated.

With regard to Dysmenorrhœa, an affection which still baffles the skill of the medical prescriber, and one the pathology of which continues unsettled, Dr. R. Chambers of Upton-on-Devon, considering the disorder as chiefly dependant upon congestion, and the pain to arise from a great determination of blood to the uterus when in a state of actual or relative debility, claims to have met with much success in its treatment by the following method: About four nights prior to the expected attack, he applies from two to six leeches to each inguinal region, and immediately upon their falling off the patient is placed in a warm hip-bath for twenty minutes. This course is repeated every night until the appearance of the menstrual discharge, the patient every other day taking infusion of senna and mixture of camphor, eight drachms each, sulphate of magnesia, two drachms, tincture of hyascyamus and colchicum, ten drops each, all of which are suspended as soon as the discharge appears; the patient is kept at rest in the recumbent posture, and takes every night and morning while the pain continues, muriate of morphia, one-fourth of a grain, antimonial wine, twenty-four drops, solution of acetate of ammonia, three drachms, spirit of nitrous ether, ten drops, cinnamon water, five drachms. Two days after the cessation of the discharge, the use of tonics, the sulphate of zinc, quinine or iron, are commenced, the former being preferred, in doses of one-sixth of a grain, gradually increasing to one half of a grain, three times a day. The sacrum is to be sponged, night and morning, with equal quantities of vinegar and of a saturated solution of salt in water; a flannel roller, ten inches wide, is placed around the abdomen, and the patient urged to exercise in the open air on foot or on horseback. If the feet become cold they are rubbed warm with flannel. If the patient suffer, (as very many do,) from a distressing sense of weight in the loins, she is to have a descending douche of cold water upon her back, from the height of two or three feet.

We are not aware of the number of cases which Dr. Chambers has treated upon this plan. Full statistics of its result in the

different varieties of the disorder, would prove of much value to the profession at large.

During the past year Dr. Mettauer, of Virginia, has communicated, through the American Journal of Medical Sciences, a case of abnormal adhesion of the cervix and orifice of the uterus to the corresponding portions of the vagina, arising from inflammation of the parts, following an abortion, in which the placenta was retained, until it sloughed away. The patient, during the whole period of her suffering, confined herself to bed, laying constantly on her left side, with her lower extremities somewhat flexed; while in this position, the adhesion alluded to took place, in such manner that the patient became unable, after her recovery, to place the trunk in an erect position, it being, while either sitting or standing, constantly inclined a little to the left and forwards, from the time of her first leaving her bed, until the morbid adhesions of the uterus to the vagina, were separated by an operation. By the operation the uterus became restored to its normal situation in the pelvis, and the patient was not only enabled to resume the erect posture at pleasure, but she was relieved of a troublesome and debilitating menorrhagia which had occurred at every menstrual period since the abortion. This was, as Dr. Mettauer remarks, an exceedingly interesting case from its commencement; it furnishes a caution to practitioners to guard females who may labour under inflammation or excoriation of the upper part of the vagina, against long confinement to bed in a particular position of the body; it points out, also, a new cause of menorrhagia, requiring a peculiar and entirely novel mode of treatment. It likewise proves the necessity of careful vaginal examinations as a means of diagnosis in those cases of menorrhagia which have resisted the ordinary modes of treatment.

It has been already shewn, by Dr. Dewees and others, that the mucous surface of the vagina is occasionally the seat of an apthous eruption; but M. Coute stated recently to the French Academy of Sciences, that this form of disease very frequently attacks also the neck of the uterus.

Dr. Montgomery, of Dublin, has recently published some very interesting remarks on cancer uteri, in which he declares himself to be satisfied, that there is a stage of cancer uteri which precedes the two usually described by authors; a stage in which the nature of the disease may be detected, its further progress arrested, and its germs destroyed. The reason why this stage is not more generally recognized is, that the accompanying symptoms are frequently so slight as to attract very little the attention of the patient, and thus they are suffered to remain without treatment, until a profuse hœmorrhage, or some violent fit of pain, sounds the alarm, and then on examination the disease is found to have passed into its second stage, when no human means hitherto discovered, can do more than to partially alleviate the patient's suffering.

The symptoms of this primary stage are, sharp, but fugitive and lancinating pains in the back and loins, across the supra-pubic region, or along the front of the thigh—sometimes in the direction of the sciatic nerve, producing numbness or debility in the limb. In a large proportion of cases, there will be found a decided fulness, or even a distinct tumor in one or other iliac fossa, with fixed pain and tenderness on pressure about the inguinal ring, irritation of the bladder, dysuria, sensation of hemorrhoids about the rectum, &c.—The menstruation is sometimes disturbed, often quite regular. There are occasional bursts of hœmorrhage, little or no leucorrhœa, unimpaired appetite, (till the complaint has lasted sometime) disturbed sleep, flabbiness of the flesh, and pallor of the countenance. Upon examination, the margin of the os uteri is found to be hard, often slightly fissured, projecting more than natural into the vagina, and irregular in form. In the situation of the muciparous glands there are felt several small, hard, and distinctly defined projections, almost like grains of shot or gravel, under the mucous membrane. Pressure on these with the point of the finger, gives pain, and the patient often complains that it makes her stomach feel sick. The cervix is, in most instances, slightly enlarged, and harder than it ought to be. The circumference of the os uteri, especially between the projecting glandulæ, feels turgid, and to the eye, presents a deep crimson colour, while the projecting points have sometimes a bluish hue. This stage is very slow, it being sometimes years before the second stage sets in.

Dr. M. is convinced, that in a great majority of cases, the first morbid change takes place in and about the muciparous glands which exist in such numbers in the cervix and margin of the os uteri, which become indurated by the deposition of scirrhous matter around them. They feel at first like shot or gravel, and afterwards become unequal, lumpy or knotted, like the ends of one's fingers. This, according to Dr. Montgomery, is the *second stage* of the disease, though usually described by writers as *the first.*

Irritable uterus is the only complaint which can be confounded with the one under consideration. The *former*, however, never produces organic changes,—the *latter* does. The *former* is, therefore, never accompanied by any enlargement of the volume of the parts, which always accompanies, or soon follows the disease now referred to.

Local leeching or cupping, with anodyne fomentations, forms the first step in the treatment. Mercury, in some form or other, is almost indispensible, so as to bring the system very gently, but decidedly under its influence. It may be combined with small doses of iodine, in conjunction with camphor, opium, hyosciamus or cicuta. Afterwards, iodine or hydriodate of pot-ash may be used both internally and externally, and iron will be found a most beneficial and powerful agent, especially in the form of the

saccharine carbonate, or the carbonate given in its nascent state. The iodide of iron, which combines, to a certain degree, the powers of both remedies, may also be used with advantage in most cases, and will be best administered in the form of Dupasquier's syrup. Dr. M. further says, that marked benefit has resulted from the exhibition of arsenic in this complaint. Counter irritation, the half bath, injections of warm water into the vagina, and when congestion, is removed and morbid sensibility only remains, anodynes added to the injections will be serviceable. The regimen of the patient should be strictly antiphlogistic, and especial care should be taken during the whole course of the treatment, to avoid stimulating the uterus, either mechanically or physiologically.

Displacements of the uterus continue to attract the attention of the profession, and each of the various means that have been resorted to, with a view to remedy the evils which arise from them, continue to find advocates as warm in their commendation as heretofore. It is well known, that pessaries have long been regarded as the desideratum in the case of prolapsus of the uterus. We have recently seen it reported that those of a flattened shape, prepared of box-wood, with a circular central opening bushed with silver, are very extensively used in some parts of England. In this city much thought has been given to the manufacture, as well as to the proper mechanism of the pessary, by Professor Hodge; at the same time some other members of the profession, more or less actively engaged in the treatment of the diseases of females, repudiate altogether the pessary, and prefer the use of external applications as the true means of support to the prolapsed organ. Dr. William Harris, of this city, in a paper on this subject, remarks as follows: "They," the opponents of the use of the abdominal supporter, "object to its use, because, as they allege, the pressure of the broad pad or belt over the hypogastric region, must force the intestines downwards against the pelvic viscera, and thereby increase, instead of remove the disease. If this be true, it is a valid objection, and the supporter ought to be laid aside. Let the facts decide. The axis of the pelvis is not parrallel with the axis of the body, but strikes off at an angle of forty-five degrees. The centre of gravity being, therefore, in the direction of the axis of the body, the weight of the intestines must fall upon the symphysis pubis, and upon the lower part of the parieties of the abdomen, especially if the female has borne children, and is consequently a little corpulent. Now it must be admitted, that if the pressure by the supporter were backwards and downwards, the intestines would be crowded upon the fundus uteri, and the displacement consequently increased; but as the force which it exerts is upwards and backwards, exactly in the direction of the plane of the superior strait of the pelvis, or at right angles with its axis, I contend that it completely removes the weight of the intestines

from the pelvic viscera, and that the uterus has consequently a tendency to rise to its natural position through the contractile power of its ligaments. This objection then being, as I apprehend, completely removed, I proceed to examine another, which is, that the *perineal pad*, supported by the strap that passes between the limbs, does not raise the uterus sufficiently high to restore it to its primitive situation, and that a radical cure can therefore never be effected. The pessary most in use is the flat circular one, made of glass or silver gilt. This pessary is about half an inch in thickness, and two inches in diameter; in introducing and adjusting it, it is recommended that it be placed in the vagina upon its edge, with the convex surface towards the rectum, and parallel with it, the upper edge in the cul de sac at the upper end of the vagina, and behind the posterior lip of the os uteri, and the lower edge resting upon the perinæum or floor of the pelvis, near the point of the os coccygis. It is maintained, that the pessary thus adjusted will raise the uterus its whole breadth, nearly two inches, and there sustain it, until the ligaments that support the uterus have time to contract and recover their primitive tonicity, and a radical cure thus be accomplished. This is very plausible in theory, but difficult to reduce to practice. If we commence at the posterior part of the superior strait of the pelvis, and pass along the hollow of the sacrum and coccyx, and the floor of the pelvis, up to the top of the symphysis pubis, we shall describe an arch amounting to nearly a semi-circle. Now it is known, that a weight capable of sliding upon a curved surface, will not rest until it reaches the lowest position; consequently, if a pessary be placed in the vagina parallel with the rectum while the patient is lying upon her back, it will remain in that position so long as she remains in the recumbent posture, but as soon as she assumes the erect attitude, the pessary will slide down, and rest with its convex surface parallel with the perinæum, when the thickness of the pessary, half an inch, is all that interposes between the os uteri and the floor of the pelvis. The uterus is therefore raised only half an inch higher in the vagina than it was before the pessary was introduced, and if instead of the flat circular, the oblong, or oval ring pessary is used, after it slides down, the os and cervix uteri would pass through it, rest upon the perinæum, and therefore not be elevated at all. Besides, if the pessary is found to answer effectually the purpose for which it is designed, why such an interminable change in its shape and dimensions? Now if it can be demonstrated that the *perineal strap, and pad* of the supporter is capable of raising the uterus more than half an inch, and retaining it there permanently, as much will be accomplished by the supporter, as can be done by the pessary, and the patient have the advantage of using an apparatus that is less irritating and less offensive to her sense of delicacy. To prove this will not be

difficult. The distance from the point of the os coccygis to the arch of the pùbis is four inches and a half, which is filled up by very elastic soft parts that extend in the antero-posterior direction, not in a strait line, but curved downwards, so that the centre of the convexity projects at least one inch below a straight line. Now it requires no great stretch of the imagination to suppose, that the convexity of the perinæum could be pressed up by the pad to a straight line; nor is it difficult to conceive, that by gradually shortening the perineal straps, the pressure might, in time, be so increased as to raise the parts one inch above the straight line, thereby raising the uterus two inches, which is more than can be accomplished by the pessary, even if it could be kept upon its edge and parallel with the rectum."

We are persuaded that we shall be justified in introducing to the notice of the College, the reasoning of Dr. Harris upon this important subject, though we are not yet prepared, ourselves, to give a preference, in cases indicating the use of artificial means for the elevation and sustenance of the uterus, to any mode of external support which we have yet met with, over a well constructed pessary.

While on the subject of displacements, we would notice, as facts of much importance, in reference to certain physiological dispositions of the uterus, two reported cases of spontaneous inversion of the uterus, one at the instant of, and the other immediately subsequent to, the delivery of the fœtus. One of these cases occurred in the practice of Dr. D. Humphreys Storer, of Boston. In ten or fifteen minutes there came on two small pains, and the child was born. In five minutes the placenta was thrown off. The cord was not touched, except to divide it and remove the child. On putting the hand under the clothes to take away, as he supposed, the placenta, he found that he had hold of the uterus inverted, with the placenta attached. The other case is reported by Dr. Sutton, of Georgetown, Ky.; in this the uterus was expelled with the child. "The membranes," says Dr. Sutton, "gave way several hours before the child was born. The presentation was natural, the pains rather short and at considerable intervals. The body was not expelled by the same pain which expelled the head, but the uterus followed the body by the same pain. In this case the cord was rather short: but in that of Dr. Storer, there was no shortness of the cord, either naturally, nor by its being coiled around the neck of the child. A case somewhat similar in character to that of Dr. Storer, was witnessed by your committee on the first day of the present month. A practitioner of our city largely engaged in obstetrical practice, had charge of a case of apparently natural labour, which terminated in a few hours from its commencement. Shortly after the separation of the child from the cord, upon which no traction had been made, the placenta was

found at the vulva, whence it was removed without any effort; the patient was bandaged and left apparently comfortable. In a few hours she became faint, there being, according to the statement of the female attendants, a rather more free discharge than usual. A consultation was desired by the physician, but by the time we arrived the patient had expired. A vaginal examination led us to believe that inversion of the uterus to the second degree had occurred. This was fully confirmed by an autopsy made next day, when the specimen illustrating the fact was obtained.

We may probably be encroaching upon the duties of the Committee on Midwifery, by including in the present report the foregoing facts: but we offer, in apology, the fact, that if they have no immediate bearing upon the *diseases* peculiar to women, they serve to awaken attention to the circumstance, at least, that a peculiar condition of the contractile fibres of the uterus, may, in some cases produce inversion of the uterus independent of any improper manipulations on the part of the obstetric attendant.

We cannot, however, pass over this portion of our report without briefly referring to a circumstance of considerable interest to the profession, inasmuch as its occurrence is in direct opposition to our previous ideas respecting the action of the uterine fibres. We allude to the accidental reposition or restoration of a uterus, after it had been completely inverted, during a period of at least seven years. The fact of the existence of the inversion, is confirmed by a careful examination made by several experienced obstetric practitioners, in succession, and at different periods of time. While the evidence of the reposition or replacement, exists in the fact, that about the middle of the past year the patient had a uterine pregnancy, continuing to the fifth month, when the fœtus was thrown off, well developed for that period, and the placenta discharged in consecutive portions, until the whole internal surface of the uterus was entirely cleared. The patient's health is in every respect good; every unpleasant symptom present during the known existency of the inversion having disappeared. This fact, however singular, derives corroboration from the statement of Dr. Dalliez, as referred to by Colambat de l'Isére, in his Treatise on Diseases of Females, respecting a case of inversion of the uterus, in which the spontaneous reduction of the organ took place two months after the inversion. Your committee hope to be able to present to the college, at some future period, a more thorough account of the above case.

An interesting fact is communicated by Mr. Henry James Johnson, through the London Weekly Medical Journal. A woman had a painful affection of the left mamma, which she supposed to be a cancer, and which was regarded by several surgeons to wear a serious aspect. She was emaciated, and otherwise in a

very ill state of health, and just in that peculiar condition in which scirrhus disease might be supposed likely to occur. She menstruated regularly, and had given birth to a child some months previous to the examination of her case by Mr. Johnson. The breast, upon close scrutiny, was found slightly enlarged, hard and nodulated; manipulation gave little pain, though she complained of occasional lancinating pains shooting through the gland, somewhat resembling those which accompany the progress of scirrhus. There was no retraction of the nipple. Three weeks subsequently the breast became more sensitive to the touch. There was then an obscure fluctuation in the tumor. Under the impression that it might prove to be a deep-seated abscess, Mr. Johnson plunged a grooved needle through the substance of the breast, after which a lancet was passed in, and a large quantity of pus was evacuated, revealing the existence of an abscess, in the loose cellular texture between the mammary gland and pectoral muscle. We have noticed this case, because it is reported that Sir Benjamin Brodie, and Sir Astley Cooper, pronounced one of a similar nature to be scirrhus of the mamma, and the breast was consequently extirpated, when the true state of the case was revealed.

In the early part of the past year, Professor Parker, of the College of Physicians and Surgeons of New York, introduced to the notice of his clinical class, a case of milk cyst in the mamma. The breast had gone on gradually increasing in size for about six months, but without pain or febrile symptoms. The tumor occasioned inconvenience merely from its size. The nipple and skin were natural, the blood vessels somewhat enlarged. At first sight, it might be questioned whether this was a case of hypertrophy of the breast, or a tumor behind the gland pushing it forward. Upon careful examination, however, a distinct fluctuation could be perceived. A bistoury was plunged into the tumor, and three quarts of milk in a perfectly good condition flowed out. A few days subsequent, two quarts more were drawn off through a fresh opening. This case is noticed here, not on account of the novelty of milk abscess, but from the circumstance of the large amount of milk which had accumulated in the cyst, without causing any especial local or constitutional irritation.

In that very troublesome affliction vesico-vaginal fistula, for the relief of which so many plans have been proposed and failed, M. Le Roy d'Etioles, proposes, when the perforation is not very large, to treat it by applying the actual cautery at two different periods: at first, he merely brings the edges of the fistula in contact; at the second, he excites an adhesive inflammation in the parts. When the fistulous opening is too large for the sanative action of the cautery, M. Le Roy proposes to raise up a portion of the walls of the vagina and apply it over the opening, provided the fistula occupies the mid-

dle of the vesico-vaginal septum. When the perforation is of such size as to require the addition of some new vital matter, M. Le Roy proposes, as an improvement upon the operations of Jobert and Velpeau, to take up the flap from the posterior wall of the vagina; he commences his incision below the fourchette, divides the cellular tissue which unites the vagina to the rectum, and stops at the point where the union between the two walls becomes intimate. A short, wide, thick flap is thus obtained, and applied over the fistulous opening. In those cases which do not admit of being relieved by any of the operations hitherto devised, M. Le Roy recommends the plugging of the vagina with a layer of India rubber, which is said to be free from the inconveniences attending all the previous modes of filling up the vagina in such cases. While it is exceedingly desirable that the constant stillicidium of the urine in such cases should be prevented, if possible, the fellows of the College will recollect, that the suggestion to occlude the vulva by suture, and thus convert the vagina into a sort of additamentum of the urinary bladder, was believed by many of the Fellows to be inexpedient, in consequence of the irritation which would be induced, and also the strong liability to calcareous deposit within this artificial sac. And although we have no information as to the amount of experience possessed by M. Le Roy in reference to the actual value of the gum elastic plug for the vagina, in the desperate cases alluded to, we express our doubts as to the success of the device, in consequence of having observed in numerous instances, that no tube introduced into the urethra of the female, however well it may appear to fill up the canal at first, will be found to prevent the passage of more or less urine by the side of it; and, moreover, we have availed ourselves most thoroughly of an opportunity afforded us, to try the gum elastic plug, both in the form of a globe, so introduced as to put the vagina, upon the stretch when it was fairly passed beyond the vulva; and again, to apply a similar apparatus with a perforation in it larger than the orifice in the bladder, to which it was as carefully adapted as possible. Both these expedients completely failed. The caoutchouc excited great irritation in the vagina, and the urine percolated along by the sides of the globe, whether complete, or with the adapted opening.

The attention of the profession has, within a short time, been called by Professor Nasse, of Germany, to a peculiar affection of the cornea in nursing women. This affection is said not to be of a malignant nature. It happens at any time during the period of nursing, from a month to a year and a half after delivery. The eye is felt to be irritable, and the conjunctiva is seen to be injected with blood. Occasionally catarrhal symptoms attend the complaint; at other times little vesicles appear over the surface of the conjunctiva. Sometimes rheumatic symptoms are present; at other

times it is accompanied by a cutaneous vesicular eruption over the greater part of the face. The inflammation of the conjunctiva rapidly passes to the cornea, and is accompanied by the usual darting pains in the eye and margin of the orbit. Between the third and eighth day an abscess forms within the layers of the cornea, when the inflammatory symptoms diminish, and if nothing be done to terminate the disorder, it bursts into the anterior chamber and occasions hypopion. The disease is reported to be restricted to no age, constitution or season. In every case it is preceded by lassitude, debility, and emaciation from excess of lactation. It appears to be a disease of debility. Blood-letting is, therefore, never indicated. Blisters behind the ears, diaphoretics combined with bitter infusions, quinine, and sulphuric acid, a tonic diet, and above all, weaning the child, generally effect a cure in about three weeks. Weaning is regarded as an all important measure. Instances are referred to in which the child, being allowed to return to the breast before the cure was completed, the disease recurred with increased severity, and could not be arrested until the child was again removed, when the patient rapidly recovered.

Since the publication of the paper by Dr. Backus, of Rochester, New York, "on the sore mouth peculiar to nursing women," as communicated to this College in 1841, observations respecting this disease have been reported by Dr. Hale, of Boston, Dr. Shanks, of Memphis, Tennessee, and Dr. Taylor, of Monticello, Florida, as it has been met with in the respective neighbourhoods of those gentlemen.

As the Fellows of the College were not familiar with this disease, at the time when the communication of Dr. Backus was made, it may be interesting to group together the prominent points in the published observations just referred to.

The disease appears to have been seen by Dr. Hale, as long ago as 1830, and he remarks, that it is less common in his neighbourhood now, than then. It begins with a hard pimple upon the edge of the tongue, generally at a little distance from the tip, which is red and extremely painful. In many mild cases this continues a few days and disappears, and then returns again at irregular intervals. After a few returns, and not unfrequently at the first attack, the central spot ulcerates. The ulcer is deep, with hard elevated edges, surrounded by an inflamed circle, and is still exquisitely painful. Several of these ulcers form upon the soft parts of the mouth—that is, upon the tongue and the inside of the cheeks—rarely, if ever, upon the gums or palate, and although each ulcer is of small extent, the inflammation around them spreads over nearly or quite the whole mouth. The tongue is very red and smooth. The salivary glands are excited, so that there is a considerable salivation. The inflammation next extends to the fauces, and then to the mucous coat of the œsophagus, stomach, and

intestines, accompanied by diarrhœa. The soreness of the mouth is not diminished by the extension of inflammation to other parts. The ulcerations continue to increase in depth, though their extent of surface is not very great; a considerable loss of substance sometimes occurs in the edge of the tongue, and is only partially supplied when the ulcer heals, leaving the edge of the organ jagged and uneven. Throughout the whole of the disease the appetite is good, but the pain upon taking food is so great, that nothing but the mildest liquids can be borne. Although the patient becomes greatly emaciated, and her strength wastes rapidly, the secretion of milk is little, if at all, diminished, and the child continues vigorous and healthy.

Dr. Shanks, of Memphis, Tennessee, informs us, that in most cases in which this form of sore mouth occurs after confinement, the last months of gestation are attended with functional derangement of the liver, stomach, and bowels, evinced by acidity, flatulence, white viscid secretions, producing vomiting, which instead of occurring in the morning, as in the early months of pregnancy, mostly takes place soon after laying down at night. These symptoms, when distressing, are attended with an irregular, often morbidly craving appetite, and constipated bowels. If not soon relieved, the tongue, though clean, becomes red—the papilla flaccid and projecting, giving it a peculiar rough and raw appearance, with diffused tenderness and redness of the inside of the mouth and throat. The secretion from the mouth is acrid, producing a burning and scalding sensation. This appearance of the mouth occurs during gestation, in the plethoric and more vigorous, and is always attended with feverish excitement,—in the more feeble and phlegmatic, the functional derangement is unaccompanied by fever, and the tongue and mouth, though tender and sometimes sore, are pink coloured, flaccid and smooth. If the morbid secretions produce diarrhœa, an immediate improvement in the condition of the mouth ensues. When the constipation occurs again, the sore mouth returns in a more distressing degree. So the latter months of gestation go on, with constipation and sore mouth, alternating in some cases with diarrhœa, and ameliorations of the disordered stomach and sore mouth. In these cases, when the tendency to the chronic form of the disease, is indicated by the above symptoms occurring in the latter months of gestation, the abstinence, generally enjoined after confinement, produces alleviation, and, in some instances, almost entire exemption from the disease, for a time :—in a few weeks, however, the symptoms of disordered stomach and sore mouth are again manifested by diseased secretions, and in every case, during nursing, with a more or less profuse diarrhœa. This diarrhœa is not attended with much, if any pain;—the discharges are free and copious; thin and dirt coloured, or in the more protracted and severe forms,

ash-coloured, or light, fermenting, and frothy. The diarrhœa occasionally alternates with a few days of constipation, when the sore mouth becomes more distressing from an increase of the rawness, and the scalding secretion. The appetite is irregular, digestion is imperfect; there are acidity and flatulence, with occasional distension of the stomach.

The clean, red, raw appearance of the tongue and mouth, described as occurring temporarily in the last month of gestation, often presents itself in the first stage of the disease, during nursing, attended with acrid secretion; but after the disease becomes chronic, the most common condition of the tongue and mouth is clean, smooth, pink coloured, and exceedingly sensitive; the lining membrane seeming too thin to protect the sensitive nervous expansion from irritation, and after long continuance, ulceration sometimes takes place under the tongue, and on the inside of the mouth. So long as the condition of the mouth and stomach allows the system to be supplied with sufficient nourishment, the secretion of milk is abundant, and the child continues healthy and well. Indeed, in many cases, when the appetite and ability to eat or the digestion are so impaired, and the diarrhœa so profuse, as to render the mother scarcely able to rise from her bed, the child continues in perfect health. The disease, running through its stages as described, presents the premonitory symptoms before confinement, and usually commences soon afterwards. Cases sometimes occur, however, in which no distinctive symptoms indicate the onset of the disease, until from the second to the fifth month of lactation. These cases exhibit all the characteristic symptoms, and often as much severity as those preceded by the premonitory symptoms before confinement, or occurring early after it. If not relieved, it produces, more or less speedily, great emaciation, debility, and nervous irritation of the system, resulting sooner or later in death.

According to Dr. Taylor, the first symptom is a sensation of soreness and heat of the tongue and lining membrane of the mouth, accompanied by a free discharge of a thin watery fluid, mixed with an increased secretion of saliva, which, in a few days, as the soreness increases, becomes very profuse. The patient compares the pain and heat of the mouth, to the sensation produced by scalding. After the disease has progressed a few days, the lining membrane of the mouth and tongue exhibits, upon examination, a peculiar red, or *deep* pink colour, and appears to be much inflamed; the edge and tip of the tongue become slightly ulcerated, being covered with small white pustules closely connected together; and in some instances, the ulcerations appear upon the lining membrane of the mouth and fauces, and occasionally, if not properly managed, the inflammation and ulceration will extend through the pharynx and œsophagus to the stomach and bowels; these are the cases which terminate fatally.

It will be seen from the above statements, that the disease described by the several gentlemen, has many symptoms in common—though it varies in some respects. They all agree that this disorder is peculiar to nursing women; though it is conceded by Drs. Backus, Shanks, and Hale, that it occasionally occurs during pregnancy. Dr. Shanks appears to have met with it, originating before delivery, while Dr. Hale declares, that within his observation *no* pregnant women were affected by it, unless they had suffered from it, in a former period of nursing. Drs. Backus, Hale, and Taylor say, that the disease is unaccompanied by fever; while Dr. Shanks states that the pregnant women who were attacked, were those who were vigorous and plethoric, and in such the disease was always attended with a feverish excitement.

All the writers on this subject agree, that the secretion of milk is not affected, and that the children continue to thrive, even when the mother's strength is reduced to its last extremity; and they are unanimous in their experience that weaning the child is the most prompt and certain means of cure. By Drs. Backus, Shanks, and Taylor it is stated that the bowels are constipated in the commencement, though diarrhœa occurs as soon as the inflammation has extended over the mucous membrane of the alimentary canal. According to Dr. Hale, the affection of the mouth is not relieved by its extension to other parts; while according to Dr. Shanks, the diarrhœa, which follows the extension of the inflammation to the stomach and bowels, always relieves the soreness of the mouth; and according to Dr. Backus, a spontaneous diarrhœa, from any cause, relieves the mouth at once. The latter found great benefit from keeping the bowels very open by the use of two pills, twice or three times a day, composed of carbonate of iron, grs. sixty-five, rhubarb, and aloes, each, grs. twenty-five, ipecacuanha and Spanish soap, each, grs. twelve, the whole mass to be made up into fifty pills. This, with an astringent wash of blackberry root or the marsh rosemary, or a weak solution of nitrate of silver, seldom failed to afford relief. Dr. Hale appears to have little confidence in the use of local applications. When the stomach was disordered, he gave an emetic of ipecacuanha, preparatory to the direct treatment of the disease. For the cure, his chief reliance is upon tonics; those, particularly, which give vigour to the stomach, with little general excitement. A wine-glass full of the lime-water infusion of bark, two or three times a day, he often found to arrest the disease and restore the strength. Carbonic acid, administered in various fermenting preparations, Dr. H. found useful. Dr. Shanks remarks, that in the more robust and plethoric, the feverish excitement must be relieved by bleeding, which should be followed up by alteratives and laxatives—such as blue mass, calcined magnesia and rhubarb, &c., in small doses. The diet to be plain and digestible. In patients of more feeble health, in whom little or no feverish excitement exists, a

combination of blue mass, ipecac., carbonate of iron, rhubarb and aloes, in such proportions as suit the particular case, answers well as an alterative and tonic laxative. Ipecac. alone, in doses of from one-half to two grains, is a good remedy. In the chronic state, accompanied by diarrhœa and emaciation, a regular course of alteratives, together with the most rigid attention to diet, is indispensible to a cure. Dr. S. moreover states, that in some very unpromising cases, the sixteenth of a grain, each, of arsenic and corrosive sublimate, in solution, and given three times a day, with soda, in barley water, lime-water and milk, as a diet and drink, have succeeded with him better than any thing else. His experience is, that active purgatives of all kinds are injurious. As a wash for the mouth, he considers the infusion of the sanguinaria canadensis to be the best, though other astringent washes are sometimes useful as palliatives, especially with the addition of burnt alum or borax.

Dr. Taylor having tried various tonics, vegetable and mineral, and also laxatives, with only partial success, found that equal parts of the flowers of sulphur and cream of tartar, administered in broken doses, two or three times a day, so as to keep the bowels in a soluble condition, constitutes the best treatment, as regards internal remedies. According to his experience, the combination of sulphur and cream of tartar, appears to have almost a specific influence over the disease. Locally, he uses the common preparation of borax and sugar or honey; though he has also seen the nitrate of silver, in weak solution, used with good effect. When there is much prostration he gives tonics, such as the precipitated carbonate of iron, and the compound tincture or infusion of cinchona, combined with elixir of vitriol. The fermenting preparations, as porter, &c. are useful in these cases of debility.

We have been induced to devote considerable space to a notice of this subject, because, while it is met with very extensively in the practice of numerous physicians, in various parts of our country, the disease has not been especially noticed, so far as we are aware, in either of the two largest cities in the United States,—nor has it been described by any European writer.

On motion of Dr. Bond, the College entered upon the consideration of the Rules for the regulation of Medical Intercourse, embraced in the report presented to the College at its meeting in December, 1842; and after proceeding through the first eight sections, the consideration of the remaining sections was, on motion of Dr. Huston, postponed until the next meeting.

Stated Meeting, March 7, 1843.

Dr. Otto, Vice President, in the Chair.

Present, twenty-three members.

The College, on motion of Dr. West, resumed the consideration of the Rules for the regulation of Medical Intercourse; after proceeding as far as the fourteenth section, on motion of Dr. Condie, the consideration of the remaining sections was postponed until the meeting in April.

Stated Meeting, April 4, 1843.

Dr. Otto, Vice President, in the Chair.

Present, nineteen members.

Dr. CONDIE presented and read the Annual Report on the DISEASES OF CHILDREN, as follows:

During the past year, few facts have been recorded, calculated to enlarge materially our acquaintance with the pathology or therapeutics of the diseases of children. The affections incident to the early stages of life have, in fact, elicited at no period, very close attention from the generality of medical observers, who would appear to view the diseases occurring at this period, as too obvious and uniform in their characters, to demand further investigation, and the simple treatment adapted for their removal, as too well established, to admit of much improvement. Even they who, with ample opportunities, have made these affections their study, passing by, almost without notice, their more ordinary forms, have confined, too exclusively, their investigations to those of rare occurrence, or which are marked by some strange deviations from the phenomena, progress, and termination, which diseases in early life ordinarily exhibit.

The pathology and treatment of the proper affections of infancy and childhood, therefore, still afford a fruitful field, that will amply repay the labours of those who may have the inclination and means for its cultivation. To this subject we especially invite the attention of such as have confided to them the medical care of

hospitals and asylums, appropriated to the reception of children; from them we have a right to expect the communication of such observations as shall be calculated to improve our pathological views, and render more exact and certain our remedial measures, in reference to the diseases under consideration.

Among the affections occurring in childhood which particularly interest the physician, as well from its extreme frequency—the obscurity of the symptoms by which it is marked, especially in its early stages, and the intimate connexion which exists between it and some of the most distressing and unmanageable forms of cerebral disease, may be ranked tubercle of the brain. Of the pathology of tuberculous formations, whether occurring during the adult or infant state, we know but little, and of their prophylactic and therapeutic management still less. So frequent is the occurrence of tubercles in the brains of children, and so generally upon their presence depends the more prolonged, irregular, and unmanageable forms of hydrocephalus, that it is to be regretted the attention of physicians has been so little directed to a close observation of the circumstances under which these formations are most liable to take place, and the various phenomena to which they give rise, from the earliest period of their occurrence—during their developement, and throughout their successive changes—it is by an accumulation of such observations, alone, that we can hope to arrive at a knowledge of the means best adapted for their prevention and cure.

In relation to this affection, Dr. Hennis Green has published, recently, a very able and instructive memoir, in which is presented a detailed and minute description of the usual seat, volume, and number of cerebral tubercles, the pathological changes produced by them in the brain, and the various symptoms to which they ordinarily give rise, founded upon observations derived from the study of thirty cases of the disease, which fell under his care—fourteen of which occurred in boys, and sixteen in girls, of ages varying from nineteen months to twelve years.

To present a full analysis of the memoir of Dr. Green, would scarcely be within the scope of a report like the present. We shall, therefore, merely remark, that in four of the cases of tubercles of the brain which fell under the notice of the Doctor, no symptom indicative of their presence occurred; and in two, the only chronic symptom was periodical head-ache—and in two others, deafness, with purulent discharge from the ear. Dr. Green arranges the symptoms of tubercle of the brain into those of the chronic, and those of the acute stage. The chronic stage was found to vary in duration, from a few weeks to two years; the acute from a few hours to eighteen days.

Of the symptoms of the chronic stage it is remarked, that they are very irregular, and succeed each other at long and uncertain

intervals. They were found to be chiefly, severe pain of the head, convulsions, either partial or general—paralysis—weakness or contraction of certain muscles, change of temper, dulness of the intellectual faculties, amaurosis or strabismus, and coma.

The symptoms of the acute stage are likewise very irregular; they generally, however, assume more or less of the characters of acute hydrocephalus, or softening of the brain. The age at which tubercle of the brain most generally occurs, would appear to be from three to seven years, inclusively.

The tubercles are often single, but as often numerous. In one case, twenty occurred in the right hemisphere; and in another, fifty in the cerebrum and cerebellum. They are found to vary in size, from that of a small nut or bean, to that of the double fist. They are met with most commonly in the substance of the hemispheres. In the thirty cases upon which the observations of Dr. Green are founded, the tubercular deposit existed, twelve times in the hemispheres of the cerebrum, nine times in the cerebellum, seven times in the cerebrum and cerebellum together, and twice in the cerebellum and pons varolii together. Dr. Green refers to two other cases in which the tubercle was confined to the pons varolii. Often, even when the tubercle is of considerable size, not the slightest change can be detected in the surrounding nervous substance, or in the neighbouring membranes. In other cases the membranes adhere to the cortical substance of the brain, over the site of the tubercle, and are more or less infiltrated and thickened. Sometimes, when the tubercle is large, the convolutions of the brain are flattened or completely effaced. The nervous substance, immediately surrounding the tubercle, may be slightly injected and softened, to the depth of a few lines only,—or the softening, with or without injection, may extend to the central parts of the brain. In some cases, nearly the whole of the cerebellum is reduced to a mere pulp. In a few rare examples, on the contrary, the surrounding substance is more pale, and of a denser structure than is natural; sometimes it is soft and of a straw yellow colour. Dr. Green has never met with any appearance of abscess, or of true infiltration of pus, in the immediate vicinity of a cerebral tubercle.

The diagnosis of tuberculous formations in the brain, is extremely difficult and uncertain. According to Dr. Green, however, the only organic affection of the encephalon, with which the disease is liable to be confounded, is chronic meningitis. The points of resemblance are, the duration of the disease, the change of temper, the occasional head-ache, and the contraction of muscles which occur in chronic meningitis. In this latter disease, however, the head-ache is not so severe or constant; we more frequently observe irregular accessions of fever; and the only permanent lesion of the motive power, met with by Dr. Green, was a peculiar flexion of the muscles of the hand and foot. The paralysis, amaurosis, epileptic

attacks, and contraction of various muscles, are, so far as the experience of Dr. Green goes, peculiar to cerebral tubercle.

The leading observations of Dr. Green, embraced in the memoir referred to, are confirmed by our own. How far all the symptoms ascribed by that gentleman to the presence of tubercles in the brain, are actually produced by them, or whether some portion of them are not rather to be attributed to the same morbid cause upon which the formation of the tubercles themselves depend, is a question which demands for its solution a more extended and accurate series of observations than we yet possess.

Another frequent affection of childhood, in relation to the phenomena, diagnosis, and general pathology of which great uncertainty prevails, is hypertrophy of the brain. The phenomena resulting from this condition of the encephalon, are almost daily ascribed to causes which have no existence at the time, while their actual source is entirely overlooked. Every contribution, therefore, which is calculated to throw light upon this affection, is deserving of attention.

Three cases are related by Mr. Cathcart Lees, in the September number of the Dublin Journal of Medical Science. The one occurred in a boy of two years of age, and the remaining two in girls, of three and seven years. In the first two death took place, from pertussis in the one instance, combined with convulsions; and from chronic diarrhœa, in the other, without convulsions.

In the first case, on removing the upper portion of the cranium, after death, the dura mater appeared to be tense, and on dividing it, the cerebrum appeared swollen, and protruded through the membranes; the convolutions appeared to be flattened, as if compressed; the vessels of the pia mater were injected with very red blood, the substance of the brain was much congested, but of a firm consistence and very large,—there was no serous effusion into the ventricles; all the nerves were carefully dissected, and presented nothing abnormal.

In the second case, the brain weighed two pounds three ounces; the dura mater was firmly adherent to the cranium; the brain was large, the dura mater being rather tense over it; the substance of the brain was firmer than is natural in a child of three years, and also of a paler appearance—there was no fluid in the ventricles nor at the base of the brain, it appeared, in fact, to be nearly void of either blood or serum.

The prominent symptoms that were present in all of the three cases related by Mr. Lees, were: a peculiar *obtuseness* of *intellect*, characterized chiefly by *apathy* to external objects, and a great *tendency to drowsiness*. There also was evinced a *peculiar irritability* of temper. In all the cases the *appetite was inordinate*, and there existed the peculiar *projection of the parietal protuberances*, on which Dr. Munchmeyer particularly insists, and which Dr. Lees thinks may prove a valuable guide in aiding us to

discriminate hypertrophy of the brain from chronic hydrocephalus, with which disease it is most frequently confounded. Thus, in the first case related by Dr. Sims, the mother of the child informed him that they had wished to tap the head, at one of the hospitals, and Dr. Hennis Green, in an excellent paper on the subject, states that he had recently seen a child who had been condemned to death by a medical man, as having water on the brain—but which was a case of simple hypertrophy, that did not interfere with the health of the patient. The diagnostic sign which Dr. Green gives, is the sensation of firmness communicated to the finger, on pressure being made over the fontanelles, in cases of hypertrophy, as contrasted with the fluctuating feel, in cases of chronic hydrocephalus; but this, it is evident, could not apply, excepting in very young children, or in extreme cases.

Head-ache, with severe exacerbations, which, according to Andral, is a prominent symptom in adults, was present in one of the cases observed by Dr. Lees. In the cases related by Andral, there occurred also weakness of the limbs, often ending in paralysis, convulsions, and epilepsy. But these phenomena were observed only in the second, or acute state of the disease, and when the brain was suffering from compression—as in Andral's cases the dimensions of the cranium were not larger than natural, which must cause a great difference in the symptoms. Thus idiocy, which depends so frequently on *atrophy* of the brain, may be caused also by the opposite state, or that of hypertrophy, if there be much compression from the want of proportion between the capacity of the cranium and the augmented size of its contents, whereas, if the cranium be developed in the same ratio with the brain, there are, according to Dr. Lees, no symptoms produced, or but slight ones. In a case related by M. Scoutteten, a child of five years old was affected with hypertrophy of the brain, with enlargement of the scull, to such a degree, that the head became as large as that of an adult, particularly prominent at the occipital protuberances, and yet the cerebral functions were undisturbed, and the only phenomena which the child presented during life were frequent falls, occasioned by the weight of the head, which was carried forward whenever the child wished to run, and a great tendency to sleep when he remained quiet. This patient died of acute enteritis, and the brain exhibited a great developement of all its parts, with only a small quantity of reddish serum in the ventricles.

According to Dr. Lees, the prognosis in cases of hypertrophy of the brain in children, is not necessarily unfavorable, for, as the affection is rather an error of developement than an actual disease, there is a natural tendency to return to the normal state; the chief danger arises from the very great susceptibility to disease which exists in the hypertrophied brain, especially upon the occurrence of the affections incident to dentition, or any of the febrile exanthemata.

It is of the greatest importance that an accurate diagnosis should be established in this affection. It is to be recollected that hypertrophy of the brain is invariably developed slowly—that the peculiar phenomena produced by it are so gradually produced as to excite but little attention or alarm in its earlier stages, or until the brain has become considerably augmented in size. So far as the facts before us enabled us to judge, the distinguishing symptoms of hypertrophy of the brain are, obtuseness of intellect, apathy to external objects, great tendency to drowsiness, and a decided disinclination to motion, irritability of temper, inordinate appetite, and, perhaps, an unusual firmness and fulness of the brain at the fontanelles, and an undue projection of the parietal protuberances. If the scull increase in capacity, in proportion as the brain becomes augmented in volume, in addition to the foregoing symptoms, we shall have, in the more advanced stage of the disease, an inordinate size of the whole head, with head-ache, attended with severe exacerbations, at irregular intervals—and, perhaps, epileptic fits, more or less frequent and severe; when the capacity of the cranium, however, does not increase as the hypertrophy of the brain augments, we have then debility of the muscles of the trunk and limbs or even complete paralysis; convulsions, epilepsy, or confirmed idiocy.

During the past year, the pathology and treatment of laryngismus stridulus, or spasm of the glottis in children, has attracted considerable attention. The history of numerous cases of the disease have been published, and from several sources we have been presented with able and interesting commentaries upon the nature, causes, and treatment of this troublesome, and often fatal malady.

From the facts now in our possession, we believe that we may be enabled to form, with tolerate accuracy, an opinion as to its true pathology—or, at least, to settle the question of its connection with, or immediate dependence on, enlargement or other disease of the thymus gland—as maintained by a large portion of the distinguished Continental and British physicians.

A brief notice of the cases published since our last Annual Report, may not be uninteresting. In a case, the history of which is related by George A. Rees, Esq., the disease occurred in a female child, nine months old; death took place from asphyxia, caused by a complete and prolonged spasmodic closure of the glottis: upon dissection, the thymus gland was found much enlarged, extending downwards in the anterior mediastinum, between the lungs, and upon the pericardium, for a considerable distance, in the form of a tongue shaped lobe, and prolonged upwards in the neck, in the form of two nipple shaped processes, having between them the trachea, on each side of which they dipped so as to approximate, if not touch the recurrent nerves; the gland, when removed, measured four inches three lines in length, and two inches five lines in breadth, and weighed seven drachms, thirty grains. With

the exception of engorgement of the heart, especially of its right ventricles, and considerable injection of the hemispherical veins of the brain, the thoracic, abdominal, and cranial viscera are described as being entirely healthy.

The disease in this case is referred by Mr. Rees, to the hyperthrophy of the thymus gland.

The history of five cases of spasm of the glottis, occurring in the same family, are related by Jonathan Toogood, Esq. In the first case, the disease made its appearance in a child when about one year old—it continued to recur for six months, and then ceased entirely. The patient is now of adult age, and in the enjoyment of good health. In the second case, the disease occurred when the patient was six weeks old; after repeated seizures, death occurred suddenly, eight weeks subsequently. In the third case, the disease appeared in the eighteenth month, and recurred, at intervals, for a year and a half, and then ceased. This patient is now an adult in good health. In the fourth case, the disease commenced at six months, and continued until the patient had completed his fourth year. In the fifth case, the disease also occurred at the sixth month. The paroxysms continued to recur for an entire year, when during one of them she expired. Upon examination, after death, a large portion of the dura mater was found adherent to the inner surface of the right parietal bone. The veins were turgid with blood; over the whole of the brain, immediately beneath the arachnoid membrane, was diffused a substance of a gelatinous nature, rather hazy or milky in colour—some fluid escaped from the surface of the brain, and the ventricles were distended with fluid, a quantity of which also existed at the base of the brain. The viscera of the thorax and abdomen were healthy. Mr. Toogood states that no glandular disease could be detected in any of these cases.

Mr. Ryland, of Birmingham, gives the history of two cases of the disease, with the appearances discovered after death. The one occurred in a boy when six months old. The paroxysms recurred occasionally during a month, when, in one of them, the patient suddenly expired; on dissection, the veins about the head and neck were found distended by dark coloured blood. There was a considerable deposition of serum within the membranes external to the brain, and the convolutions were much separated from each other by this effusion. No milkiness of the arachnoid was detected—the veins of the meninges were distended with blood. The brain itself was quite healthy—the ventricles contained rather more fluid than usual. In the membranes, at the base of the brain, there existed four or five semi-transparent bodies of the size of millet seeds, supposed to be tubercles. The thymus gland appeared large—it was not measured, but its weight was nine drachms and a half. It was in contact, posteriorly, with the innominata vein, the trachea, and the pericardium. No enlargement of the glands of the neck

was detected. The vagus and recurrent nerves appeared to be quite normal. The other case was in a brother of the former patient; when fifteen months old he began to experience occasional fits of spasm of the glottis, which continued to recur at intervals for two months, when in one of them he expired. Upon examining the body, after death, the thymus gland was found to be normal, as to size and appearance. No diseased appearance was discoverable within the cranium, except an extreme turgidity of the vessels, evidently owing to the last struggle. The recurrent nerves were of a natural size and appearance, and were not attached to, nor pressed upon by any absorbent glands in any part of their course. The only decided indications of disease were detected in the larynx, trachea, and larger bronchi, which were of a pale red colour, from increased vascularity—the mucous membrane of the larynx was thickened as well as vascular; the trachea and bronchi contained a large quantity of mucus.

A case of spasm of the glottis is related by Dr. Thomas Mitchell, of Dublin, in which, after death, the thymus gland was found "enormously enlarged and distended," but as in this case no examination was made of the brain, it is calculated to throw but little light upon the true pathology of the disease.

We have now enumerated all the cases of spasm of the glottis, the histories of which have been published during the past year, all at least of which we have any knowledge. A tolerably full and very able analysis of the leading facts previously known in relation to the disease, will be found in an interesting memoir by Dr. Charles A. Lee, of New York, on the Thymus Gland, its morbid affections, and the diseases which arise from its abnormal enlargement, published in the American Journal of the Medical Sciences, for January, 1842. In the accuracy of most of the conclusions to which Dr. Lee has arrived, after a careful review of the subject, we entirely concur.

A very slight examination of the facts now in our possession, is sufficient to convince us, that a hypertrophied or otherwise diseased condition of the thymus gland, cannot be received as the invariable cause of the spasmodic affection of the glottis in children. It has been clearly shewn, that in numerous instances the disease occurs without the existence of any enlargement or other change from the normal condition of that body being found to exist, upon the most minute and careful examination. It is equally certain, that spasm of the glottis may, and often is produced, independent of any pressure or morbid impression exercised upon the respiratory nerves, by enlarged or diseased lymphatic glands: repeated post mortem examinations proving that no such pressure or irritation was present, notwithstanding the paroxysms of the disease were marked by great violence, and terminated promptly in death.

But the question still recurs, whether enlargement or disease

of the thymus and other glands of the neck may not be, at least, *one* of the causes of spasm of the glottis in children.

Mr. Rees, whose cases have been already referred to in this report, believes that the disease may occur under different circumstances—either uncomplicated with other detectable disorder, or associated with a morbid condition of the respiratory organs, or with cerebral disease.

The affection uncomplicated, he remarks, may be met with in the very young subject—it then commonly proves fatal at the period of dentition, though death may ensue at a much earlier period. Mr. Rees believes, that in these cases, hypertrophy of the thymus gland will almost always be found to be the cause of the mischief. He has opened, he states, as many as six or eight young infants dying suddenly from spasmodic closure of the glottis, and has always found the thymus much enlarged, weighing five, six, or seven drachms; where the affection comes on, uncomplicated, in the older infant, though there may be no symptoms of enlargement of the thymus gland, yet, according to this gentleman, decided marks of a strumous diathesis will be present. In many of these cases, examination after death will bring to view enlarged agglomerated glands in the vicinity of the recurrent nerves, explanatory of the spasmodic attacks.

The cases combined with cerebral disease, are, Mr. Rees remarks, seldom met with until dentition has commenced—if the patient survive the appearance of the first molar teeth, the case generally terminates favourably. He has never known a case terminate fatally after two years. The paroxysms are described as being very similar in the uncomplicated and complicated forms of the disease—but while in the first, during the interval, the infant presents no trace of disease—in the second, he remains heavy, dull, listless, and drowsy—the pupil of the eye dilated—the head hot, and frequently held extended on the spine; and unless remedied, inflammation of the brain is always liable to supervene. In some patients, also, a distortion of the hands and feet, singular in appearance, and very characteristic of the disorder, are liable to occur. The fingers being extended upon themselves, but semi-flexed upon he metacarpus, and this, at times, upon the carpus; in the same manner the toes are flexed upon the metatarsus. Whenever I have seen these carpo-pedal contractions, Mr. Rees adds,—and the addition, we may remark, is a very important one,—there has been, at the same time, great derangement of the digestive organs, especially of the mucous surface of the stomach and intestines. In the cases complicated with a morbid condition of the brain, Mr. Rees has looked in vain for the enlarged thymus or other gland, in the vicinity of the trachea,—the only traces of disease he has found to exist were within the cranium,—most frequently, thickening of the arachnoid, with effusion at the base

of the brain, and to this diseased state, implicating the origin of the eighth pair, seemed attributable the abnormal irritability of the nerve presiding over the movements of the glottis.

According, therefore, to the experience of Mr. Rees, enlargement of the thymus gland is the cause of spasm of the glottis only in very young infants, and enlarged agglomerated glands in the vicinity of the recurrent nerves, in older infants. One remarkable point in these cases, he remarks, is the dependence of the paroxysms of dyspnœa upon the state of the digestive organs; whenever these are out of order, the intensity of the attacks are increased, which it seems difficult to account for, since, he adds, the affection so evidently depends upon a mechanical cause. The same difficulty presents itself in accounting for the constant and immediate good effect obtained in such cases from a change of air. The difficulty here noticed is, however, more apparent than real, and arises solely from the attention of the observer having been too exclusively directed to enlargement of the thymus or other gland, as the source of the disease. We possess conclusive evidence, that, not unfrequently, spasm of the glottis is produced, without the presence of any glandular enlargement or other disease, solely from irritation of the alimentary canal, resulting from indigestible and improper food and other errors of diet, or from the influence of an impure, irritating, and confined atmosphere, and is promptly and effectually relieved, in its early stages, by removing the exciting cause from the stomach and bowels, or by exposure to a pure and wholesome atmosphere; we have seen this repeatedly take place.

According to Dr. Thomas H. Burgess, who has given in the Provincial Medical and Surgical Journal, for January, 1842, the history of an interesting case of the disease; irritable and spoon-fed infants are more subject to spasm of the glottis than others—intestinal irritation being, according to his experience, one of its chief exciting causes.

The repetition of the attack of crowing convulsions, says Dr. Marshall Hall, in his remarks upon the nature and treatment of the disease, published in the London Lancet, for July, 1842, has so often, within my experience, been the result of improper and indigestible food, that I invariably fix upon some one article or kind of diet, of the most unquestionable character, to the exclusion of all others. In the case upon which these remarks are based, I desired that a young and healthy nurse might be procured, and that no other kind of diet might be allowed. We were fortunately successful, both in the choice of a nurse and the result of our experiment, and to this day the little patient has taken no food, except the nurse's milk.

The baneful influence, observes the same gentleman, of the north-east wind, and the curative influence of change of air, and especially of the sea breezes, are not less marked in this affection than in whooping cough—facts which, with many others, denote an

intimate relation between these two diseases. When the little patient has been long free from attacks, a sudden change of wind to the north-east induces a return of them, and even when they have been long obstinately repeated, and have become, as it were, chronic, a change of air has induced as suddenly a suspension of them.

According to Dr. Hall, the disposition to spasm of the glottis in children seems to consist in a peculiar susceptibility of the excito-motor property of the nervous system. The immediate cause of the attacks being the action of sources of irritation or excitement of this property. The most obvious of these are dentition, indigestible food, morbid alvine matters, external agents, and mental emotions.

Nearly the same views are expressed by Mr. Ryland. In one case related by him, the latter is inclined to believe, however, that the main cause of the paroxysms was to be referred to bronchial inflammation. The conclusion is probably correct, for many cases are on record in which the paroxysms of the disease were first observed in the early stages of pertussis, or of measles, or upon the occurrence of an attack of bronchitis, and it is in such cases that the disease has been most usually mistaken for croup.

Our own observations incline us to adopt the views of Dr. Burgess, namely, that in infants under two years of age, the chief exciting causes are irritation of the digestive organs, a cold, confined or impure atmosphere, and dentition. But that when it occurs in children over two years of age, it is almost invariably symptomatic of cerebral disease. There is one cause capable of exciting the paroxysms of this disease in infants—which, though generally overlooked, should be kept constantly in mind by the medical practitioner—it is mental emotion. In one of Mr. Ryland's cases, he enumerates among the exciting causes—thwarting, vexation or mental disturbance, and Dr. Hall very properly remarks, that even in infants mental irritation is a frequent cause of convulsive attacks. The infant, therefore, should not be suddenly awaked out of sleep, nor slapped by an angry nurse. If the latter be out of temper, there is frequently a double source of renewed malady—her treatment of the infant is rude, and her milk unwholesome. The slightest alarm is still more serious in its effects—all sudden noises, all rapid movements in nursing, &c., should be carefully avoided. The infant should be addressed in a soft and soothing tone of voice:—in a word, every source of mental emotion should be most carefully guarded against. This advice should be strongly enforced by the physician.—It has happened to us to see, in several instances, most violent paroxysms of the disease, though in none attended with a fatal result, excited in the pre-disposed solely by mental emotion and fright.

After a careful review of all the facts in our possession, we are inclined to doubt whether, in any case, spasm of the glottis in

children, can, with propriety, be referred to a pressure or irritation exerted upon the recurrent or other nerves concerned in the respiratory movements, by enlargement of the thymus gland or of one or more of the conglomerate glands about the neck and throat in a state of disease. There does not appear to us to exist a shadow of evidence to prove that a hypertrophied condition of the thymus gland, or augmented bulk or other morbid condition of the lymphatic glands is capable, even when present, of exerting upon the nerves in their vicinity such a degree of pressure or irritation as would produce the phenomena of the disease under consideration. We have, in fact, numerous observations upon record, which shew, that the thymus gland may be greatly enlarged, and that numerous enlarged lymphatic glands may exist in the course, and in immediate contact with the laryngeal nerves, without the disease, even in its mildest form, being produced. We are, in fact, so little aware of what constitutes the exact normal size of the thymus gland—it being found to vary materially in bulk and weight in different subjects, during a state of apparently perfect health, that it is difficult to determine, with certainty, when it is to be considered of abnormal magnitude, or of a natural size. We are to recollect, also, that its enlargement, even when it occurs, may be the effect, and not the cause of the morbid phenomena. Enlargement of the thymus gland, observes Dr. Hall, in the communication already referred to, may be a natural effect of the violent convulsive efforts observed in this terrific malady. I have known the thyroid gland become and remain enlarged in like manner, after the efforts of severe and protracted labour:—I have known the eyes to be blood-shot from whooping cough,—the eye-lids to be ecchymosed in spots from epilepsy, and from the efforts of vomiting, and parturition. In this manner we may understand how enlargement of the thymus may be an effect of this formidable disease. Viewed in this point of light, we can readily imagine that it would subside with the disease. In this manner we are led to consider the disease as not necessarily incurable, which it must be, if it depended on organic change of structure. This case affords another example of morbid anatomy, erroneously interpreted, leading to erroneous views of disease.

If we direct our attention to the condition of the brain, and bear in mind the effect of the convulsive effort on the thymus gland, and on the face, we shall see the importance of adopting measures which may relieve the congested encephalon. Unfortunately, depletion adds to the susceptibility of the nervous system, and therefore to the disposition to the attacks. The spirit lotion applied to the head, seems to be the safest remedy, as well as the most efficacious one. In severe cases, the ice cap should be applied.

The proper measures to be adopted for the prevention and cure of spasm of the glottis, must be apparent from what has been said in relation to the nature and causes of the disease—it will be unne-

cessary, therefore, to enter into details. They consist, mainly, in a plain, simple, and unirritating diet—a dry, pure, and temperate atmosphere—the removal of all sources of irritation from the stomach and bowels,—proper clothing, and exercise in the open air,—a kind and soothing moral treatment, with attention to the state of the gums during dentition, and when cerebral disease is threatened or already exists, a resort to the proper remedies adapted to prevent or remove it. Dr. Marshall Hall believes, that the morbid susceptibility of the little patient is best subdued by the tincture of hyosciamus, and the infusion of the humulus lupulus. The system may be kept constantly under the gentle influence of these remedies,—that of the exciting causes is then less injurious. The gentle tonic influence of sponging the general surface with tepid salt water, is also highly beneficial.

The propriety of opening the trachea in those cases of croup in which the ordinary remedies, judiciously employed, fail to produce prompt relief, is a question of very considerable importance,—but in relation to which there has been, and still exists, a great discrepancy of opinion among practitioners—while an insufficient number of facts, as to the immediate and remote effects of the operation, have heretofore been communicated, to enable us to arrive at any satisfactory conclusion as to its value, and the proper cases and stages of the disease in which it may be resorted to with any well founded hopes of affording relief to the patient.

In a report made during the past year to the Academy of Medicine, of Paris, by M. Berard, on two cases, in which the operation of tracheotomy was performed by Maslhieurat Le Grand, we are presented with a most favourable estimate of the operation. From the result of these two cases, and many similar ones, it is stated, that M. Maslhieurat concludes tracheotomy to be a valuable resource in certain cases of croup, especially when the false membranes have not extended into the bronchial tubes. This opinion Mr. Berard considers to be correct. He by no means maintains, however, that patients when operated on under these favourable circumstances, always recover,—for, despite the operation, the disease may continue to descend, as too often occurs, to the minutest bronchial ramifications. The presence, nevertheless, of these false membranes, is not, he remarks, invariably fatal, as there are cases where tubular false membranes, presenting several bifurcations, have been expelled through the wound in the trachea, and the patient has recovered. We cannot then, he adds, found the indication for the operation on this circumstance, the more especially as the symptoms do not always allow us to form an opinion as to how far the false membrane has extended. M. Berard, however, considers that the operation of tracheotomy should be exclusively restricted to those cases in which asphyxia is threatened, in consequence of diminution in the capacity of the glottis;

when the disease has extended to the bronchi and lungs, there being little hope of any relief being afforded by the operation.

The second of the cases communicated by M. Maslhieurat, would seem to shew that tracheotomy may be advantageously resorted to, even when life seems to be almost extinct. In this case, when the operation was completed, the infant seemed to be dead,—but was resuscitated, after artificial respiration had been kept up for upwards of twenty minutes. A still more extraordinary case is recorded by M. Trousseau, in the Journal des Connaissances Medico-Chirurgicales. The patient had apparently breathed his last, a few moments previous to the commencement of the operation. Tracheotomy was, nevertheless performed, apparently, as it were, on the dead subject, and artificial respiration was kept up by means of alternate compressions of the thorax. After the lapse of fifteen minutes, the heart was felt to pulsate, and after the expiration of fifty-seven minutes, the features moved, and a deep inspiration was made. Respiration was gradually re-established, and the patient was restored to life.

M. Petel, of Cateau, relates in the same Journal, six cases of croup, in which tracheotomy was performed. In three, the patients recovered, notwithstanding five days had elapsed in one, and ten in another of these cases, from the commencement of the disease, and both patients were nearly in *articulo mortis*. In all the cases warm water was repeatedly thrown into the trachea, after the operation, and invariably with the effect of facilitating the discharge of a quantity of mucus. In one of the cases, in which recovery took place, a solution of nitrate of silver, three grains to one drachm of water, was dropped into the trachea; in another, calomel was blown in at the wound. The solution of nitrate of silver was also introduced in two of the cases that terminated fatally. The subject of the fifth of M. Petel's cases, had suffered under an attack of croup for eight days, when tracheotomy was performed. The patient recovered—the wound in the trachea healed,—the patient survived the operation six weeks, when she died suddenly in the night.

It is stated by the editors of the Journal des Connaissances, that M. Trosseau has performed the operation of tracheotomy in one hundred and nine children labouring under croup, in twenty-seven of whom it was successful.

The operation, we are assured, is one easily performed, and in itself unattended with danger or inconvenience. The hœmorrhage produced by it, excepting when a considerable branch of an artery has been carelessly divided, ceasing spontaneously upon the introduction of the canula.

Were we to form our estimate of the efficacy of tracheotomy in cases of croup, from the foregoing statements, we should be inclined, certainly, to rank it, when timely resorted to, as a most effectual means for insuring the recovery of the patient, when all

our other remedies have failed of success; and, even under the most discouraging circumstances, as one capable of prolonging life, and thus augmenting the chances of a favourable termination of the case. From a communication, however, published by M. Becquerel, in January, 1842, we find, that at the Hospital for Children, at Paris, tracheotomy in croup was productive of far less favourable results, than it is stated to have been in the hands of M. M. Maslhieurat, Petel, and Trosseau. From the facts presented in this communication, it would appear, that the period at which a resort to the operation may be reasonably expected to afford effectual relief to the patient, is very circumscribed, and by no means accurately defined, and that, occasionally, the operation itself may be the means of accelerating the fatal termination.

During the year 1841, twenty cases of genuine croup were admitted into the Parisian Hospital for Children, all of which terminated fatally; nineteen shortly after the attack, and one, in which the patient after recovering from the attack of croup, died in two months afterwards of pulmonary tubercles. Of the twenty cases, thirteen occurred in boys, and seven in girls; the ages of the patients varied from two to fourteen years. The operation of tracheotomy was performed in nine cases; eight times by the hospital internes, and once by M. Guersant, Junior. In all the nine cases, the patients were in the most dangerous state, and no other hope of safety remained. In one, indeed, the operation was performed at the moment the patient expired, with a faint hope of restoring it to life. In another case, the patient was four years of age, and had laboured under the attack three days,—the cough and voice were extinct, and asphyxia was imminent. Several traces of false membrane existed on the tonsils and pharynx. The child was carried to the hospital, and operated on without delay. The symptoms of asphyxia were much aggravated on her way to the hospital, and the patient expired immediately after the operation. On the examination of the body, a cylinder of false membrane was found adhering to the larynx and upper two-thirds of the trachea. In a third case, M. Guersant operated on a child affected with stridulus laryngitis, which bore a perfect resemblance to croup,—but no trace of false membrane escaped from the opening or was found after death. The periods at which the operation was performed in the nine cases, were as follows:—one on the *second* day, three on the *third*, three on the *fourth*, one on the *fifth*, and one on the *sixth*.

In *four* cases the operation was followed by syncope,—this usually lasted but a short time; in one case, however, it continued so long that the child was about to be abandoned as dead—but artificial respiration being kept up for ten minutes, the child was restored. One of the first effects of the operation was invariably a striking improvement in the patients' condition; they appeared as if restored suddenly to life—the respiration became slower and

more free, and the purple hue of the face disappeared. Occasionally, however, there were fits of coughing at this period, either occurring spontaneously or excited by the canula, and a quantity of false membrane or mucus was ejected. In several of the cases, the whole of the false membrane was removed after the operation, and it did not again form or only in very small quantities; nevertheless, whenever the opening in the trachea was closed, asphyxia became imminent.

In *seven* of the cases operated on—omitting two in which death occurred instantaneously—the interval between the operation and the final extinction of life, was seven, ten, twenty-nine, thirty, forty-two, one hundred and sixty-eight, and two hundred and forty hours.

The following are stated to be the unfavourable symptoms noticed after the operation:

1. Persistence of the dyspnœa; this generally occurred in paroxysms, and was attended with fits of low, stifled cough—it was alleviated by the expulsion of mucus.

2. Secretion of an immense quantity of mucus, or of muco-purulent matter. In three of the cases, M. Becquerel was struck by the enormous amount of mucus secreted by the bronchi—far greater than what occurs in any form of bronchitis among children. The existence of this excessive secretion was indicated by a mucous râle over the whole chest. It evidently depended on the unusual stimulus of the cold air passing through the opening in the trachea. As the little patients began to sink, they were often unable to expel the mucus,—and by drying in the canula, it gave rise to paroxysms of suffocation.

3. Inflammation of the mucous membrane of the trachea and bronchi, and pneumonia are, also, complications which occur both after the operation, and in cases in which it has not been performed.

4. In nearly every instance, the operation was followed by intense general fever,—and in two cases the fever rose so high, notwithstanding no inflammation of the lungs could be discovered, that it was necessary to draw blood from the arm.

5. Convulsions occurred in two cases; in one they came on two days before death, and in the other were instantly fatal.

6. In the one case in which the child survived until the tenth day from the operation, the edges of the wound became gangrenous; but this occurred under an epidemic influence and without it, the patient would probably have recovered. In another case there occurred emphysema of the neck.

In the child on whom M. Guersant operated, nothing was found after death, except a small quantity of mucus in the larynx and trachea, with lobular pneumonia on the right side. M. Becquerel remarks, that it is difficult to decide whether the case was one of stridulous laryngitis, or merely a nervous affection, or whether the false membrane was expelled without being noticed. The child

died nineteen hours after the operation. In three of the remaining cases there were false membranes in the pharynx; in one, no trace of false membrane was detected after death, having been removed after the operation, and expelled by coughing. In one case, no lesion whatever was found; a great quantity of mucus had been ejected during life, but there was no inflammation of the lungs or bronchi. In three of the cases, false membranes were discovered in the bronchi, but no trace of pus. In the child who died on the second day, there was intense inflammation of the trachea and bronchi. Inflammation of the tissue of the lungs existed in four cases.

The causes of death after tracheotomy in croup, would appear, therefore, to be:—1st. Bronchitis, or an excessive secretion of mucus in the bronchi. 2d. Pneumonia. 3d. The persistence of the original disease, and especially the presence of false membrane in the bronchi. 4th. Convulsions. 5th. Finally, in some cases, death ensues without our being able to detect any local lesion, seeming to result from the general condition of the patient. This latter mode of termination should be borne in mind, when we are called upon to weigh the chances of the success or failure of tracheotomy.

The following are the remarks of M. Boudet, in his account of the epidemic croup, which prevailed in the hospital for children, at Paris, during the winter of 1840, and spring of 1841, upon the results of the operation of tracheotomy, in the ten cases in which it was performed:—

"Seeing that no advantage resulted from tracheotomy, when false membranes existed in the bronchi, and that it appears to have given rise to ulcerations in one case, and chronic inflammation of the trachea in another; seeing, too, that in every instance, without exception, in which it was performed, double pneumonia was found after death, while in some cases of very severe croup, in which the patients died after the disease had existed for some time, but in which tracheotomy was not performed, no inflammation of the lungs was discovered on a post mortem examination, while on the other hand, in some instances, where the disease was neither very severe, nor very far advanced, life seems to have been prolonged, it may be fairly concluded that the advantages of tracheotomy were very small—that it apparently contributed to the production of pneumonia, and of ulceration or thickening of the trachea, and that when the bronchi contained false membranes, it was of no use whatever."

Professor Stolz, of Strasburg, in a short paper, which appeared in the Medical Gazette, of that city, calls the attention of the profession to the occasional occurrence of polypus within the rectum of children, and presents the details of two cases of this kind that fell under his notice. Polypus of the rectum has scarcely been noticed by any of the writers on diseases of children, having been,

as Professor Stolz presumes, in the majority of instances, mistaken for prolapsus ani.

The first case which occurred to the professor, was in a lad, five years of age. For about eighteen months he had been troubled, at intervals, with a frequent desire to go to stool, attended with much straining. During the last twelve months, at each return of this desire, there was protruded from the gut a red and bloody tumor, which in about ten minutes returned spontaneously within the sphincter. Several physicians, who were consulted, pronounced it to be a case of prolapsus of the rectum. When the professor first saw the lad, he was also of the same opinion, and accordingly directed a variety of astringent injections to be thrown into the rectum, by which, however, no benefit was produced. After some weeks, a more minute examination being instituted, it was found not to be a prolapsus, but the protrusion of a small tumor covered with bloody mucus. The tumor was attached a short distance within the gut, to the mucous coat, by a slender pedicle. A ligature of silk was passed around the pedicle and firmly tied. In three days the tumor came away—no bad symptoms followed—and the lad whose health had previously suffered much from loss of blood, soon recovered his health and vigour. Two other cases have since occurred to the professor, and he has heard, through his colleagues, of several more. In one case he removed the tumor, by dividing the pedicle with a pair of scissors. No hœmorrhage occurred at the time, but in about two hours, there was so copious a discharge of blood as to put the patient's life in danger. The hœmorrhage was arrested by compresses dipped in cold water, and by cold injections. The patient soon regained his strength, and finally entirely recovered.

It is somewhat remarkable that these tumors within the rectum of children, should have escaped the notice of almost every modern writer on their diseases. For, although of not very frequent occurrence, they are, nevertheless, much more so than physicians would appear to be aware. Several instances have fallen under our notice, and although generally presented to us as cases of prolapsus ani, upon a careful and minute examination, a neglect of which, in such cases, would be unpardonable, we have never found the least difficulty in detecting the true character of the complaint. When a polypus tumor is present in the rectum, the little patient is troubled at intervals, with repeated, often ineffectual desires to evacuate the bowels—generally attended with considerable straining, during which a tumor is protruded at the anus—varying in size, in different cases, from that of a cherry to that of a large hickory nut. The tumor is occasionally of a bright or dark red colour,—but often white or of a dirty yellow, and covered generally with a considerable amount of bloody mucus; when of a dark red or purple hue, it is apt to bleed freely, especially when touched or irritated. The tumor, when protruded,

appears entirely without the sphincter, and, as it were, attached to its edge,—but on passing the finger into the rectum a slender pedicle is found to proceed from the tumor for a short distance within the gut, to the inner surface of which it is attached. When the tumor is of some size, the straining efforts to evacuate the bowels are often very violent and attended with considerable pain, and the tumor, when protruded, is found to be surrounded by a slight eversion of the lower portion of the rectum. In one of the cases which occurred to us, the tumor, which was of some size, separated and came away spontaneously,—the hœmorrhage which followed, was slight and soon ceased, without the necessity of even a compress. In the other cases, the tumors were readily removed by ligatures, without the occurrence of any severe or untoward symptom.

Dr. Coates (B. H.) stated that, from Prison Reports, published by the authorities, it appeared that a very disproportionate mortality existed, under separate confinement, in the white and coloured races of our city. He mentioned some particulars, taken from a paper he was engaged in preparing, and which was intended for Germany. The reports of the Eastern Penitentiary were the most convenient for abstracting, and were, as yet, the only ones to which he had obtained access. This prison, too, was simpler in its results—these not being complicated by the moveable mass of untried prisoners and vagrants, and particularly that of persons received in a state of intoxication. He was informed, however, by non-medical officers of Moyamensing Prison, that, allowing for these differences, a state of things, more or less analogous, existed there also.

In the Penitentiary, the deaths of coloured persons, during ten years, were considerably more numerous than those among the white prisoners, though derived from a much smaller population. They were, in some instances, twice the number. If proportions be deduced, it is found that, out of the same number of prisoners, *seven* coloured persons perish, to *two* whites! It is necessary, in announcing this startling difference of mortality, to add some of the circumstances which are known to be justly chargeable with a part of it.

As far as the effect of climate and mode of life can be inferred from the relative mortality of the two races, in the city and suburbs, these appear, from the enquiries of Dr. Emerson, to be nearly as two to one. The mode of life in the prison is believed to be identically equal with both colours.

If the white mortality in the prison be assumed equal to that in the city and suburbs, this will give seven deaths of coloured persons in prison, to four in the city, out of an equal number; or, to

express the result by decimals, and with somewhat more precision, one hundred and seventy-eight to one hundred. These, however, are not the real numbers,—Dr. C. having not, as yet, obtained sufficiently complete materials. There can be no real doubt, notwithstanding, that these, when examined, will show a considerable disproportion. The mortality of the prison, for both colours, is much increased by its being always the place in which relapsed and worn out criminals are received; from all re-commitments for other than short periods coming under those enactments of law which consign them to this building.

In addition to climate, a further cause has been assigned, with much force, to account for this great difference of mortality. There is a very considerably longer average duration of confinement in the case of coloured people, than of whites; the sentences of the judges showing this inequality.

The inference from the above, which Dr. C. has anticipated in the minds of the benevolent, is that of injustice, and even cruelty. The law enjoins the infliction of imprisonment—but, in such cases, this is converted into death.

To a College of Physicians, however, the most appropriate commentary will be, the unfitness of the pure and mixed African races, for the punishment of separate confinement; or any confinement, without air, exercise and sunshine. The diseases by which they were carried off were, in almost every individual case, pulmonary consumption and scrophula; which we may fairly ascribe to the causes, taken all together, which we have above enumerated. Dr. C. urged the necessity of a modification of the laws in this respect, and, in the meanwhile, the provision of sunny and airy cells for coloured prisoners already suffering under disease.

On motion of Dr. Bell, the consideration of the Rules for Professional Intercourse, was postponed to an adjourned meeting of the College, to be held on the 18th instant.

Adjourned Meeting, April 18th, 1843.

Dr. Hewson, President, in the Chair.

Present, seventeen members.

The College proceeded to the consideration of the Rules for the Regulation of Professional Intercourse, and after adopting rules sixteen to twenty-two, inclusive, on motion of Dr. Condie, the consideration of the remaining Rules was postponed until the next meeting.

QUARTERLY SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

MAY TO DECEMBER 1843 INCLUSIVE, AND JANUARY AND FEBRUARY 1844.

Stated Meeting, May 2, 1843.

Dr. Hewson, *President,* in the Chair.

Present, twenty members.

The Library Committee reported, that, in the fulfilment of the duty especially entrusted to them, of disposing of the copies of the United States Pharmacopœia presented to the College by the National Convention, they had reserved three copies for the Library of the College, and disposed of the remainder as follows:—To Dr. Barkhausen of Bremen; to the Royal Academy of Denmark, at Copenhagen; to Dr. Oppenheim, of Hamburg; to the Pharmaceutical Society of Great Britain; to the Medico-Chirurgical Society of London; and to the Pharmaceutical Society of Paris, each one copy.

A communication was received from Dr. Amos Twitchell, of New Hampshire, acknowledging the honour conferred upon him by his election as an Associate of the College.

Dr. T. S. Kirkbride presented, for the Library, through the President, Dr. Hewson, a copy of the Reports of the Pennsylvania Hospital for the Insane, for the years 1841 and '42.

Dr. B. H. Coates read some extracts from those parts of the civil and penal codes of France which relate to the rights and responsibilities of the Medical Profession, and requested that the same might be put on file.

The College then proceeded to the further consideration of the Rules for Professional Intercourse, and after adopting rules 23, 25, 26, 29, and 30, with amendments—on motion of Dr. Parrish, the College adjourned to Tuesday, May 16th.

Adjourned Meeting, May, 16, 1843.

Dr. Neill in the Chair.

Present, sixteen members.

The meeting was occupied in the consideration of the Rules for Professional Intercourse.—After proceeding as far as Rule 33 inclusive, the College adjourned.

Stated Meeting, June 6, 1843.

Dr. Hewson, *President*, in the Chair.

Present, twenty-three members.

John Wiltbank, M. D., and J. Forsyth Meigs, M. D., were duly elected Fellows.

The consideration of the Rules for Professional Intercourse was resumed, and the 35th rule with amendments adopted; when on motion of Dr. Parrish, the College adjourned to Tuesday, June 20th.

Adjourned Meeting, June, 20, 1843.

Dr. Hewson, *President*, in the Chair.

Present, sixteen members.

The meeting was occupied in the consideration of the Rules in relation to Fees.—After the discussion of the first eighteen paragraphs, the College adjourned.

Stated Meeting, July 4, 1843.

Dr. Otto, *Vice President,* in the Chair.

Present, thirteen members.

The following Fellows were re-elected officers of the College for the ensuing twelve months:

President.

THOMAS T. HEWSON.

Vice President.

John C. Otto.

Censors.

Henry Neill, Charles D. Meigs,
George B. Wood, J. Wilson Moore.

Secretary.

D. Francis Condie.

Treasurer.

J. Rodman Paul.

The College then proceeded to the further consideration of the Rules in relation to Fees, and, after adopting the 19th paragraph, adjourned.

Stated Meeting, August 1, 1843.

Dr. Hewson, *President,* in the Chair.

Present, fourteen members.

Henry S. Patterson, M. D., was duly elected a Fellow.

Dr. B. H. Coates presented, for the Library, a copy of the Charter and By-laws, as recently revised, of the Philadelphia Medical Society.

The College resumed the consideration of the Rules in relation to Fees, and, after adopting paragraph 20, adjourned.

Stated Meeting, September 5, 1843.

Dr. Otto, *Vice President*, in the Chair.

Present, fifteen members.

The College resumed the discussion of the Rules in relation to Fees, and after adopting the same as far as Section 28, inclusive, on motion of Dr. Condie, the consideration of the remaining rules was postponed until the meeting in October.

Some remarks were made by Drs. Moore, Bond, and Condie, in relation to the occurrence, during the present Summer, of several cases of Cholera similar in all respects to the epidemic Cholera of 1832; and by the latter gentleman, in reference to the success which he has met with in the treatment of the disease by the acetate of lead, combined with opium and camphor, administered by the mouth, and injections of a strong solution of the same into the rectum.

Stated Meeting, October 3, 1843.

Dr. Neill in the Chair.

Present, twenty-three members.

Dr. Jackson, late of Northumberland, read the "Annual Report on the Theory and Practice of Medicine," as follows:

In our report of last year, we treated pretty largely of the futility and injuriousness of all comprehensive theory, and the utter impracticability of establishing a useful system of medicine in the present state of the science: and as no grand views or even particular theories had been recently published, and no memorable advances had been made in the practice, we departed from the prescribed course, and took the liberty of animadverting on a few practical subjects, which appeared to merit the particular consideration of the *profession*, thus making a report of the present state of the practice of medicine, as far as our limits would admit. This course we have now continued, but not completed, by offering a few observations *on the abuse of the word Typhus, particularly in relation to Remittent and Puerperal fever.*

This we are the more willing to do, having considered ourselves as once being led astray by the eloquent enthusiasm of the great American professor, who taught, with a semblance of apostolic authority, the unitarian doctrine of fever; also presuming that many of his admiring disciples may have suffered the same embarrassment that we at one time suffered, and knowing too, that many of

our own cotemporaries in medical pupilage, do now maintain the doctrine they then imbibed.

The opinion, that inflammatory fevers may be converted into typhus, in their sinking stages, is an error that leads many to stimulate, to the injury of the patient and to the spreading of an unnecessary alarm among the friends. "Many," says Dr. Armstrong, "have not known what the indications of typhus are, but an alarm has been created lest any common fever may become typhus in its progress, since they expressly make typhus to arise out of another disease. But do figs spring from thistles, or do measles arise from small-pox?" Dr. McCulloch also remarks, that "the error of mistaking remittent fever for typhus is so universal, that we trace it in almost every medical book, and so common, as to be committed every day by nine-tenths of practitioners." And further, that it confuses the whole history of endemic and epidemic fevers; that it has produced a train of incalculable evils in their cure, as well as far deeper ones in their prevention; that medical history is full of glaring examples of this; and that we must consequently read with distrust nearly all that has been written on the diseases of armies.

This pernicious deception prevails greatly in American medicine, and is favoured by that unfortunate doctrine which teaches, that all fevers are one and the same. So far was the illustrious author of this opinion transported by its apparent usefulness, that he says, the low nervous fever sometimes rises into the inflammatory, and thus requires venesection as late as the 21st day. Surely no physician knew the low nervous fever better than Dr. Rush, and therefore, to account for this surprising error, it must be presumed, that he was blinded by the dazzling of theory, and led to derive this observation from a case of inflammatory remittent. This may be fairly inferred, for the epithets *typhus* and *typhoid* were used by him to import comparative grades of debility in many diseases; hence he has not only typhus and typhoid states of fever, but also the same states of gout, rheumatism, consumption, and dropsy. We shall protest against this illimited use of a scientific term, and particularly against the use of the word *typhus* for any other purpose than to designate some peculiar idiopathic fevers, which, from whatever cause they arise, do yet coalesce, through an apparent sameness of pathognomonics, into one general character. These constitute one grand class of fevers, which cannot part with their peculiarities, nor can they be changed into any other fevers, nor can other fevers be changed into them.

We designate then by the words typhus and typhoid, the *gravior and mitior* of Cullen's Nosology, and the *spotted fever* of New England. These, whether they be called species or varieties, are believed to include all the known forms of typhus fever. The *synochus* of Cullen, which is the common continued fever of Britain, is nothing but typhus from beginning to end, however

modified by some inflammation at the onset—*initio synocha, progressu et versus finem, typhus.* This is Cullen's definition, but he adds in a note this certain truth:—*inter synochum et typhum accuratos limites ponere non possum.* These fevers are all the very antipodes of the inflammatory, yet it must ever be remembered that circumstances do often bring them into such close consimilitude, that it becomes extremely difficult to ascertain for either its peculiar and exclusive pathogonomics. The difference however, is easily detected by considering a mild case of either disease and particularly the method of cure.

Thus, there is an idiopathic fever, often attended by local inflammation, that will sometimes require the losing of blood from one pound to five, with much other debilitation, in order to save the system from mortal lesions; and provided the patient is evacuated with intelligent assiduity, he is almost certainly safe; the disease goes off gradually and the system rises spontaneously into health and strength. All such fevers, from whatever cause they arise, and however varied their symptoms, physicians have agreed to call inflammatory. And if, in some instances, these free evacuations cannot be used, the reasons are easily ascertained—the remote cause acts with such violence as to paralyze all conservative reaction—which is exemplified in many cases of yellow fever; or the disease takes a centrifugal determination, which cannot be counteracted with safety, and this is exemplified in the sudor Anglicanus and the Eastern plague. That these, however, belong to the inflammatory genus, is proved by the character of the milder cases which co-exist, and evidently originate from the same cause.

But now for a very different image of disease. There is a fever in these colder climates, very generally attended by local inflammation, in which if we bleed and otherwise debilitate with half this freedom, the patient is lost. This happens in what is called typhus and typhoid fevers, and particularly in the typhus pneumonoides, which is a milder form of the *petechialis.* In this last, there is often most violent inflammation at the onset, and if this be removed by the appropriate remedies for inflammation, the patient is relieved of pain, a gentle moisture supervenes, the sick man says he is well, and all his friends consider him cured—but alas, the following day reveals the mystery. He falls slowly into typhomania; carpologia surprises the unlearned attendants; his hands tremble and his tendons jump; his vision fails, and he sees strange things around him, like a patient in delirium tremens; he rises from bed and insists upon going home; his pulse sinks, a clammy sweat exudes, and a rapid but easy death closes the scene. The physician, unaccustomed to this form of disease, is astounded in the morning on finding a patient dead, whom he had left, as he supposed, in a favourable way the preceding night. Had he perished of inflammation, the evidences of it might now be found on dissection, but

in such mysterious cases, the scalpel often reveals nothing. All inflammation had been bled away, and the patient, supposed to be on the road to health, has perished of the mysterious typhus entity. The above is a true picture from nature; we have seen it in our own practice, and in the practice of others—it was precisely the fate of Simon Snyder, late Governor of Pennsylvania, and the end of many during the prevalence of the New England petechial fever, and that adumbration thereof which appeared in Philadelphia in 1813 and prevailed in the Northumberland region from that year to 1821, when the billious remittent made its incursion. During all this time we were in perpetual dread of the lancet in nearly every fever, and when typhus was suspected to be lurking under high inflammatory action, the question was, to avoid both Scylla and Charybdis, by steering the middle course between too much and too little depletion.

The great merit of Dr. Cullen's system of fevers consists in directing the attention to this mysterious and fatal entity, and we are persuaded that his division into *typhus and inflammatory*, will for ever obtain in the annals of medicine: it is founded in nature, and is evident at the bed-side, even to feeble understandings, if well instructed. It is not pretended, however, that he was the first to divide fevers thus; he merely adopted the division that appeared to be sanctioned by the collective wisdom of British physicians, and thus happily gave it a sure passport to future generations.

The inflammatory and typhus fevers must not be confounded because they are both supervened by inflammation, which is the mere effect of fever, whether it be determined to the arachnoid, the stomach, the liver, or the glands of Peyer. Surely no one will now pretend, that arsenic when introduced into a vein, does not produce a fever till it first inflames the stomach, as it always does; or that the miasma of typhus, when received into the lungs, does not produce its general effects till it first excites an inflammation in the iliac glands. Inflammation, then, is the effect of either variety of fever, with this important difference, that in the inflammatory, it is bled away with almost entire safety, while in the typhus, this cannot be done without hurrying on the peculiar and mortal typhoid state.

These fevers differ: 1st. In their symptoms; 2d. In their origin; 3d. In their method of cure. We shall confine ourselves principally to the bilious *remittent fever* in relation to *typhus*, as these are the two that are more generally confounded than any other fevers; but let it be observed, that a consecutive argument, under the three heads, of symptoms, causes, and method of cure, cannot be attained consistently with requisite brevity.

Of remittent fever we must have treated many thousand cases, more than we shall venture to name, during ten epedemics, yet we never saw one case that assumed the entire livery of typhus; how-

ever low the patients were sometimes brought with evident encephalic inflammation, and much consequent disorder of both nerves and mind, yet the pathognomonics of typhus were wanting. We saw not the distressed but vacant countenance; the wild stare: the muddy, swimming, wandering, glassy eyes; the peculiar tint of the cheeks; the sordid mouth; the whey-like urine; the shattered, discordant, wild state of the whole cerebral and nervous systems: there is indeed debility with a shadow of the above symptoms, but there is not the *prima facies* which enables the experienced physician to recognize typhus at a glance; there is not that indescribable colliquation of all vitality that obtains in typhus.

The peculiar aspect of a fever is not easily given in words; what appears plain at the bed-side, cannot always be committed to paper, and thus the operations of nature are confused and obscured by the hand of art. Even the names of nature's two classes of fever, *typhus and inflammatory*, are liable to the strongest objection; for however one may generally smoulder and the other burn, as the names import, yet there are many cases of typhus in which the flame is evident, and many of the inflammatory in which the vitals are destroyed by a concealed and suffocated combustion.

Cullen thus briefly defines typhus:—Calor parum auctus—pulsus parvus, debilis, plerumque frequens—urina parum mutata—sensorii functiones plurimum turbatæ—vires multum imminutæ. Now we have had patients in bilious remittent fever, with every one of these symptoms, except that of the urine, and yet there was nothing in the entire assemblage that afforded the likeness of typhus; and knowing the character of the disease from the countenance, we have bled, puked and purged, by which means the disease has subsided or been changed into an intermittent and cured by bark. But submit to this treatment a case of typhus, with the pulse small, weak, frequent, &c. &c., as above described by Cullen, and the patient will soon succumb. Thus it is that the nature of a disease is in part learned by the *juvantia et lædentia*, according to the practice of Sydenham. Though bilious remittents do sometimes, in their advanced stage, usurp some isolated symptoms of typhus, yet the patients will often not bear the least stimulus; nay, they may sometimes be puked and purged with great advantage, and even have buckets of cold water dashed upon them with the happy effect of solving the whole disease; sometimes even the lancet must be used to save the system from the effects of local determinations. We have known persons, brought into a state of great exhaustion by the remittent fever, to be nearly puked and purged to death by tartar emetic, administered by the hand of ignorant temerity, but with the effect of carrying off the whole disease and preparing the system for bark. In many cases we have

known patients to lose pounds of blood from the bowels with safety, when in typhus fever such flows are almost certainly fatal.

It is true, that in bilious remittent, the patient sometimes falls into a state of debility requiring stimulation, and many such cases we have seen during our frequent epidemics. We have seen the aged and debilitated, but particularly the drunkards, who never opened their eyes after the first chill; and even vigorous men to fall from their chairs, after complaining of headache and cold, then to lie comatose for many hours; but such cases are few, forming the exception to a general rule; they result from the inordinate violence of the remote cause, from maltreatment, from idiosyncrasy, or previous debility; but even here you see not the image of typhus —the cognation of the disease is traced in the cause and recognised in the countenance. In hot climates, and even in Southern Europe, as may be learned from Torti, Senac, Alibert, and many others, bilious remittents do indeed assume a grade of malignancy that wholly excludes active depletion, the remote cause being so violent as to prostrate nearly every patient, and some of them below the point of spontaneous reaction; but this is not typhus; for the milder cases show to what family they belong, their relationship is easily traced, they run into the intermittent form, and are cured by bark, which has no specific agency in typhus. And here, by the way, is a striking difference between the two diseases; in genuine typhus, with very little inflammation, the bark may often be given after the 8th or 10th day, not as a specific, but as a general tonic. We know the fact, that an old fashioned physician treated more than a hundred cases of typhus mitior, in one winter, with a puke, a purge, and then the continued use of bark, so long as the disease and its consequent debility lasted, and that all this was done without losing more than two or three patients. Now this treatment in the remittent of Pennsylvania, would quickly aggravate every symptom, cause obstructions, render the fever continual and certainly mortal. Any stimulus, if stimulation must be used in this fever, is safer than bark. It was here that Baglivi exclaimed—*remedium damnabile et pernisciosum.*

Some authors contend that the *yellow fever* is sometimes protracted so as to resemble, in the end, the slow nervous fever; but we presume it must resemble it, as does the last stage of bilious remittent: fevers, when the patient is worn down thereby, may finally assimilate in their aspect, as the oak, when robbed of its branches, may not be easily distinguished from any other superannuated trunk.

With respect to the opinion that these fevers have one common remote cause, let us inquire, with Dr. Armstrong, in the earlier and sounder state of his knowledge,—"Do men gather grapes of thorns and figs of thistles, or do measles arise from small-pox"? What then is the cause of remittent fever? Every one answers, *koino-*

maisma. What, in the second place, is the disease produced by the effluvia of living bodies, in jails, hospitals, ships, and the crowded dwellings of the poor? Is it intermittent and remittent fever, as Dr. Armstrong in the latter part of his life supposed? No, never, but always the genuine typhus. And if it be said, that the confined and miserable situation of these people predisposes them to this low disease, we answer, that this was not the case with the full-fed judges and others at the Oxford Assizes and the Old Bailey. Should it be objected that Dr. Bancroft has disproved this, which by the way he has not, we may refer to the Exeter Assizes, at which even Bancroft admits, some robust high livers were infected—one judge, three knights, several esquires, and many others—precisely as we believe all those were both at Oxford and the Old Bailey.

With respect to the origin of typhus, we will take a highly instructive lesson from Dr. Rollo, though it must be confessed that the world is full of similar testimony. He relates, that eight men were taken with fever, and it was found that their rooms had entirely different bedding from the rest of the barracks. The hammocks were rolled up every morning, the moment the men rose, and were not opened till about to be occupied at night, nor had they been aired for more than two months; therefore, a very nauseating smell was perceived. Here, says Dr. Rollo, "an infectious fever arose from the confined effluvia of a man's own person, in the space of two months." Similar to this is the origin of typhous miasma among the poor, as given in vivid description by Dr. Willan. He says "that persons of the lowest class do not put clean linen on their beds three times a year; that even when sheets are not used, they never wash their blankets, nor renew them till they are no longer tenable; that their curtains are never cleaned, but suffered to remain in the same state till they drop to pieces; that from three to eight persons often sleep in the same bed, there being in general but one room and one bed for the whole family."—*Reports, p.* 255.

Here then is seen the real, and we believe the only origin of typhus fever; nor is it any objection to this opinion that the nidus of infection cannot always be found. We appeal to every person who diligently contemplates domestic affairs, whether some unsuspected perspirable matter may not be stowed away, owing to forgetfulness, in one or another branch of even a cleanly family. A farmer, within eight miles of Northumberland, was seized, in midwinter with low fever, which ran on for many weeks with hemorrhagic diarrhœa and all the symptoms of typhus mitior. This man had seen no sickness, he had not been from home, there had not recently been any case of the disease in his neighbourhood, the family were cleanly and lived well, with good accommodations. All his large family took the disease, and infected many of the neighbours, who also infected others, so that certainly not fewer than

one hundred persons took the disease, and nearly all had, like the first patient, hemorrhagic diarrhæa. Thus it is that sporadic cases are continually arising, but, when proper care is observed, the disease is rarely communicated. In the above case, the physician did not know what disease he was treating, and hence, probably, all the distress that ensued.

But does this account for typhus in its epidemic form? We consider that the remote cause is often present in some degree when it is little suspected, and that when the operation of this is favoured by a state of the atmosphere predisposing to this form of disease, many persons, in the vicinity of each other, may be affected. This may account for the fact that the epidemic disease is more violent than the sporadic. That they both originate from one remote cause, we have little doubt, being almost persuaded that we have had the petechialis of New England, the pneumonoides, the gravior, and the mitior, all on our hands at the same time. Dr. Gerhard says, (Amer. Jour., Feb., 1837,) that the typhus which began in Philadelphia in March 1836, was recognized by the late Dr. Parrish as the very disease in which he is known to have practised with enviable success in the Spring of 1813. This disease has been described for more than a century, by various authors, in many parts of the world, under various names. In the United States it is, at the present time, principally found among the negroes of the South, and a very interesting paper upon its prevalence there, may be found in the last number of the American Journal. It prevailed in the Northumberland region from 1813 to 1821; and great numbers of watermen, who pass through that town in many thousands, every Spring and Fall, from the head waters of the two great branches of the Susquehanna, afforded the present relator, being their only physician, an abundant experience.

But Dr. Bancroft thinks that typhus arises from a specific contagion, which must have come directly from the Deity; that no quantity or circumstances of putrefaction can ever produce it; and that healthy persons crowded together can never generate it, however long they may remain together, and however filthy and unventilated their apartments. All the facts he brings forth in support of this hypothesis, are easily controverted; yet Dr. Chapman is ready to come into his opinion, as may be seen in the Med. and Phys. Jour. IX. 389. He there acknowledges that a contagious fever exists which he cannot distinguish from typhus; but as it originates from foul air in confined apartments, and does not come from the primæval stock, it may not be typhus, and hence he would call it typhoid. But in this Dr. Chapman concedes all that we desire—that confined excrementitious matters do sometimes generate a contagious fever which he cannot distinguish from typhus. Let us remind this highly gifted professor, that Bacon somewhere says, in his alchymistical revieries—"if we make a substance which

has all the properties of gold, let men determine whether it be gold or not;" and we would most respectfully remind him, also, that Locke spends a whole chapter to prove that there is something unreasonable in most great men.

But the French pathologist will exclaim, that we have disregarded his labours—by no means:—but what he calls typhus and typhoid fevers do, as we sincerely believe, always arise from the same cause, do often co-exist in the same family, cannot be distinguished by any certain diagnostics, do not differ in their morbid anatomy more than scarlatina mitis and cynanche maligna—therefore we think there is no evident line of discrimination. In one, the disease falls on the brain and on the region of the ileo-cœcal valve, in the other, it spends itself on the brain and the texture of the blood. Both fevers are unquestionably contagious, and we believe that they mutually produce each other. As to the rose coloured spots, they have not been uniformly observed, nor has the lesion of Peyer's glands been always found. These are all the mere effects of the disease, and, though important in relation to the cure, they cannot be regarded with as much interest as the encephalic phlogosis—always present and always the principal source of danger. We appeal to every physician of experience, whether all the premonitory and early symptoms of typhoid fever are not purely encephalic—tinnitus aurium, giddiness, heaviness, stupidity, muscular debility, and a disinclination to move—and whether the evidences of cerebral disease do not continually increase, in fatal cases, to the last? Even Dr. Gerhard admits, that the typhus and typhoid may not differ more than pneumonia and pleurisy, and he finds some difficulty in ascertaining the diagnostic symptoms, without referring to the *taches rosées*. But is there no scarlatina without an eruption, nor yet any case without a cynanche? Even Dr. Bartlet is not entirely persuaded of the distinctness of typhus and typhoid. He says, "I admit that the paper of M. Ladouzay throws some doubt on the question."

That koino-miasma is the remote cause of remittent, and that idio-miasma is that of typhus, one might hope was sufficiently ascertained; yet there is not wanting great authority for the opinion that both may arise from the effluvia of marshes. According to Dr. Armstrong's latest opinions, published 1822, every species of typhus, and every species of marsh fever, originate from the same cause, and are merely accidental forms of the same disease; and he talks of intermittent, remittent, and continued typhus, as forms of fever well ascertained. He has known several cases "which appeared to identify the typhus fever of England, with the marsh remittent of hot countries." He says, p. 45, "It might be interesting to know, why in one person typhus assumes an intermittent, in another a remittent, and in a third a continued character." Perhaps, he says, "this may depend on two circumstances, 1. On

the degree of concentration in which the miasma is applied, and 2. On the condition of the body at the time of application. If it be applied in a low degree of concentration or to a subject whose internal organs are sound, it seems to produce an intermittent fever; but if applied in a very concentrated form or to a subject whose internal organs are weak, then it puts on the remittent or continued character."

Now here is a most unfortunate and blundering hypothesis which is contradicted by multiplied experience. Do not patients very often take the mild typhus from slight exposure? yet these ought, according to the new theory, to have an intermittent only, a disease to be cured by an ounce of bark. Was this the case at the Oxford and Exeter assizes where persons yet in health, infected others in the open air of a court house? But do we not see persons of unsound and feeble constitutions attacked with intermittent fever, after long exposures to kiono-miasma, who ought, according to Dr. Armstrong, to have typhus? In our various epidemic remittents, we have seen women attacked, from one day to ten after delivery, with intermittent fever, and not a few we have delivered while actually labouring under remittent and intermittent fever, but typhus never supervened. So common was it for a woman recently delivered to be attacked with ague, that I soon made it a rule to give bark daily, as a prophylactic, as soon as she was confined. What should hinder a weakly woman, when confined in cold weather, in a filthy, unventilated house, with the miasma already in her system, from taking typhus, and particularly when delivered in this situation, and the latent poison thus excited at this perilous time? Nothing surely but that the infection lurking in her system was that of intermittent and not of typhus.

Dr. Armstrong says, that he came to his knowledge on this subject by "attending a patient in the intermittent fever, which, in its progress, put on a remittent character, but with all the most malignant symptoms of what is denominated typhus." All this might have happened: an intermittent is often a feeble disease, and may no doubt be supplanted by the continual operation of typhus contagion recently received and now operating on a debilitated body. But let us look at the banks of our rivers in Summer and Autumn, and examine the character of the indigenous fever. It will be replied, that heat changes the properties of the poison, and modifies the fever. But the same fever is often protracted into cold weather, and, not unfrequently, lies dormant in the system till midwinter, yet it is the very same disease. Had Dr. Armstrong journeyed to the Fens of Lincolnshire in the middle of Winter, he would have found persons, of all grades of strength and soundness, universally affected with intermittent fevers; but at home, he would have found the Spitalfield weavers, without regard to their strength, or soundness, or quantity of poison,

labouring under typhus only. Suppose then the Lincolnshire peasantry, all well charged with the miasma of intermittent fever, to be stowed away in jails, prison ships, or the crowded apartments of the Spitalfield weavers—what would be their subsequent disease? Let Sir John Pringle inform us, and then we shall endeavour to ascertain whether his reasoning is as correct as his facts are true. "Some soldiers were brought into the hospital at Portsmouth, ill of a disease composed of the bilious and jail fever. All those who were not in the lowest state, but complained of a headache, costiveness, and a disordered stomach, I first bled, then purged, afterwards proceeded with them in the manner directed in the cure of bilious fevers. All those who were treated in this manner recovered." Part III. chap. 7. Now here experience triumphed over theory and demonstrated, that the disease was mere bilious remittent. Happy would it be if every erroneous opinion thus carried its antidote with it.

Sir John supposed also, that the Hungarian disease was a compound of the bilious and hospital fevers, "taking its rise from the camps, and acquiring that high degree of malignancy from the foul air of the places in which the sick were crowded." And Dr. Rush in the note says, "There can be no doubt of the miasmata which produce the bilious and hospital fevers, acting at the same time on the body, and thus producing a contagious disease." If this be the fact, we presume that Dr. Chapman has a more correct view of the subject, when he says, that this would be typhus fever.* Thus, Dr. J. Hunter. p. 335, says most truly, that "ships returning from a warm climate, particularly if they have been in harbour during an unhealthy season, have many of the men taken ill of remittent fevers, even two or three months after being at sea; and care should be taken not to confound this fever with what is called the jail, hospital, or ship fever."

We do not deny the possibility of these hybrid fevers, but only consider them as analogically very improbable, and believe, with Dr. Bancroft, that there is no fact in proof that they ever existed: and though we profess to go with Cicero, on the principles of the New Academy, neither to affirm nor deny, yet there is one fact which would appear decisive of the whole controversy. In the cold weather of November and December, when the remittent fever still raged most vehemently and when the houses were closed against all ventilation, when the walls, bedding, and every thing about the poor must have been loaded with the perspirable matter of several months of continued sickness, we never saw any thing like typhus generated; except in two or three cases, nothing but plain remittent prevailed. From this, the filthy recovered assoon as the cleanly, thus verifying the consolatory verses of Lucretius, that the

* Essay on Epidemics, Med. and Phys. Jour.

poor who lie down in their plebeian vest, will recover as soon as the rich in their purple embroidery.

It would seem hardly necessary to mention, that typhus is a disease of the colder climates or weather, and that it becomes milder as we approach the summer or the southern skies, while just the contrary happens as it regards the bilious fever, were it not that even this old observation is set at nought by the opinion of Chisholm, Lempriere, Munroe, and others. We cannot enter into this argument within the compass of the present report; one fact, however, we shall briefly set forth. An army is crowded on board a fleet, in a cold or temperate climate, and they are not at sea many weeks till typhus breaks out, in spite of every care: witness the dreadful disease that pervaded the Louisburg fleet and was communicated by them to the city of Brest, as related by Poisonnier. Now, as a contrast to this, look to the condition of the negroes who are shipped on the African coast, and crowded so closely between decks, that each person, as was proved before parliament, has not as much room as a man in his coffin—what, unless heat and continual perspiration, can prevent typhus in this case? The negro is more susceptible of this disease than the *homo sapiens*, and often suffers severely from it in our Southern States during the winter; but Dr. Lind says, as indeed others have constantly done, that no such disease is known among them, during their passage or after their exit from the ships. Contrast this with the state of the Irish emigrants; they are shipped in a cold climate and pass under a northern sky, hence the destruction that follows is sometimes dreadful. Nor must we forget the fate of the negroes who were taken from Canada and Nova Scotia to Sierra Leone.

But is it not truly astonishing, that men who acknowledge the typhus miasma to be the product of cold weather, should yet insist upon its agency in the production of yellow fever, when the thermometer is every day above 80° and often at 96°? Could these men show us, during the dog-days, an epidemic bilious fever in Southwark, and typhus prevailing at the same time in the Northern Liberties, both travelling towards High street, and there ending by commixture and producing a genuine yellow fever, some faith might be given to their doctrines; but they never saw a fever from idio-miasma to *commence* in the heat of summer. Heat destroys the miasma or renders it inoperative; and this fact, of which Dr. Bancroft was well aware, might have saved him much trouble in the composition of his essay.*

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* In the course of this report, we have considered the essence of either miasma as utterly unknown. I need not inform this learned society, that attempts have lately been made by one author to show that the miasma of marshes is sulphuretted hydrogen, and by another, that it is carburetted hydrogen. If either of

We shall conclude, by contrasting the two diseases which we have thought it so dangerous to confound. It cannot be denied that there is a disease produced in cold and also in temperate climates, particularly in the colder weather, by crowding filthy people into close apartments—that this disease is highly infectious, and that even persons in apparent health will communicate it in the open air—that solar heat appears to prevent or destroy it—that it has a greater affinity for the coloured than for the white inhabitants—that it never runs into the intermittent form—that it is never found epidemic on our rivers, in hot weather—that it will bear very little depletion, in any of its varieties—that though it be attended by local inflammation, this will often die away under the operation of tonics and stimulants—that it is often cured, as for instance in the practice of Dr. Currie, by a few buckets of cold water, some wine and gruel—that all manner of debilitation generally strengthens its mortal hold on the system.

That, in contradistinction to this, there is a fever which springs from marshes in hot weather, but above all from the beds of rivers and lakes laid bare to the summer sun, and from argillaceous lands that break into deep fissures, and exhale something unknown—that this fever is never contagious—that cold weather checks its progress, and that frost destroys the remote cause—that the hotter the weather, *cæteris paribus*, the more violent the disease—that it affects the white inhabitants more than the coloured—that it often runs into the intermittent type, and is cured at once by bark—that it sometimes cures itself, when all irritation is removed and lesions prevented—that every species of depletion and medicinal debilitation may be generally used in the higher latitudes.

It was not possible to argue this subject fully within the limits of the present report. Our object has been merely to call the attention of the profession to the important inquiry, whether these fevers can ever be converted into each other and the treatment accordingly modified. Our attention was directed to the subject, by continually hearing, both from physicians and the friends of the sick, expressions equivalent to this—"the fever has now run into the typhus"—and we were prompted to bring it before the College, by hearing one highly respected member lament the common error, as the present writer has done for nearly thirty years.

As the puerperal fever stands in near relation to the abuse of the word *typhus*, and particularly as the method of treatment is not yet satisfactorily settled to every mind, we shall venture to interpose a

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these writers is in good earnest, it would not be too alchemistical to require him to demonstrate his proposition by the *experimentum crucis*; and if Dr. Gardner will faithfully make it, we shall welcome his report, as a desirable counterpart to his late publication. See Am. Jour., Ap. 1843.

few observations. Here, too, a misunderstanding of the true doctrine of typhus long possessed itself of the public mind; and the present writer is obliged to acknowledge, that he was at one time greatly embarrassed and distressed thereby. The appearance of Mr. Hey's book, though too late to save every patient, was to him an angel of light. If we look back on the history of medicine, we shall find no disease in which we continued longer in darkness, though wandering on the very confines of day. This unfortunate occlusion resulted entirely from the wrong appropriation of the word *typhus*; a word which has sent more puerperal women to the grave than all the other accidents pertaining to child-bed.

Dr. Potter, in note 70 of his edition of Armstrong, says, that the epidemic typhus fever in 1814–15 imparted its character to the puerperal fever; that the patients generally died; that a few were saved by diffusive stimulants, administered after a simple apperient. Now, with all due deference to talents and station, it must be suspected, that this was nothing more than the prevailing typhus; incident to the husband as well as to the parturient wife. Dr. Good is guilty of a surprising error, which stands in near relation to this very case:—he supposes that the morbid change in the atmosphere which produces autumnal fevers, may produce the puerperal fever, by operating on the peculiar excitability of a woman in child-bed. Now we never knew a case of puerperal fever, nor any thing similar, in our own extensive obstetric practice, nor yet in that of neighbouring physicians or midwives, during eleven epidemics. We have delivered woman actually labouring under remittent fever, and have known numbers to take either this or ague a few days after delivery, in fact hardly any escaped till we began to give them bark as a prophylactic:—not one of these patients died, nor had one of them a sign of abdominal inflammation. So much for the learned Doctor's theories without experience.

But the important question arises—what is puerperal fever? Dr. Good says, that the disease has been confounded by practitioners of reputation with enteritis and even with simple irritation of the bowels from scybala. This is a very grave accusation; but under its authority we may suspect that some of those cases, so pompously detailed by Mr. White of Manchester and many others, fall far short of the true disease. This fever has unfortunately received the name of puerperal peritonitis, as though every inflammation of the peritoneum in child-bed, was puerperal fever. Hence it is, that in various periodicals of the last thirty years, we have seen cases reported, which failed to convince us that they were at all allied to the disease in question. Even Dr. Armstrong's definition is far from adequate. He says, "it is an affection of child-bed, in which there is a general disturbance of the functions, attended by an increase of the animal heat, an acceleration of the

pulse, an evident or obscure symptom of abdominal inflammation." Now this definition may fairly include many febrile and spasmodic diseases in child-bed, in which a very little medicine would afford relief, and in which the oil of turpentine would not prove fatal; yet this excellent physician is so well satisfied with it, that he used it long afterwards, word for word, in his essay on continued fever.

The disease is an idiopathic fever, comes on generally with a severe protracted chill; this is quickly followed by intense pain over the eyes and more or less in the abdomen; there is evident fever, and very generally a rapid feeble pulse, such as peritonitis nearly always affords; the milk always soon disappears, the lochia generally continue, though in a depraved state; the patient is often delirious from the first; the countenance is so peculiar as to fix itself for ever in the memory. The inflammation and fever increase till suppuration or effusion, with porraceous and finally black vomiting close the tragedy. This is a case of open flagrant reaction. To parody the inquiry of Dr. Armstrong, if any one has a mind to gather thorns from the vine and thistles from the fig-tree, let him call this typhus and treat it accordingly: on the contrary, if he would gather laurels that cannot fade, he will attack the disease as a most insidious inflammation, with which he can make no compromise for a single hour. Like Cæsar, he will consider nothing done while any thing remains undone; nothing gained while there remains any demonstration of existing phlogosis. In many inflammations, much of a subdued disease may be left to nature, but here there is little that can be trusted to the vis medicatrix.

But it will be replied, that in many cases, the prostration is so great as to preclude all thoughts of the abstraction of blood; what then is to be done? Let Dr. Armstrong who has treated such cases, answer for himself and the whole profession. He recommends to put the patient into a hot bath of salt water; or, if this be not attainable, to use the vapour bath, and by these and other transient stimuli, to remove congestion, excite reaction, and prepare the system for depletion. This too was his course in the congestive typhus, and this was also the successful practice of Dr. Robert Jackson, in the yellow fever. He often bled the patients to fainting, while they reclined in the bath, and with the most gratifying results.

The most vigorous antiphlogistic treatment is the only one that has ever succeeded generally, and this fact shows clearly, that the disease has no alliance to typhus. All the typhoid doctors acknowledge their inability to cure, the half way bleeders do not boast of success, but those who have bled without fear of typhus, have proved unexpectedly successful, and have thus demonstrated the nature of the disease, and the true principles upon which every

cure must ever be effected. Typhus, as in the treatment of yellow fever, must never be thought of for a moment; the local phlogosis, however feeble, must be subdued, and this cannot be done, in these depressed cases, without first equalizing the excitement, as in similar cases of yellow fever. It was no doubt on this principle that tartar emetic effected such wonders in the practice of M. Doulcet, and was found to be useful by Denman; for no other medicine tends so much to equalize excitement and remove congestion.

Nor is it difficult to account for the salutary operation of the famous spirits of turpentine in these cases of feeble reaction. This medicine carries off the noxious contents of the bowels, emulges the various ducts and follicles, and at the same time conspires, with its external application, to excite those vessels into vigorous salutary action, which having been debilitated and engorged, must have otherwise sunk under the unnatural oppression. In the relaxing air of Dublin, no doubt Dr. Brenan found a simultaneous purging, revulsion, and diaphoresis—all which the turpentine effected—more salutary than the inefficient practice previously in use. But it must be remembered, that neither he nor any other author depended solely on this medicine, but assisted it with other purges and with local bleedings. There is something too, a little peculiar in the operations of turpentine, as shown by its use in burns, and dysenteric ulcerations with the tongue red and dry.

Such is the best explanation we can give of this anomalous success. But still the old doctrine of typhus is not exploded. In the American Journal for January, 1843, there is a paper by Dr. Storrs of Doncaster, in which there is detailed a most marvellous tissue of circumstances, supposed by the relator to show, *in the first place*, that infection may be carried by physicians and nurses from gangrenous and what he calls typhoid erysipelas, to women in child-bed, which may produce genuine puerperal fever. II. That a woman may take a mortal puerperal fever from being confined in the bed where her husband lately reclined with erysipelas and typhoid fever. III. That a fatal case of puerperal fever produced a fatal case of typhoid pleurisy in a nurse. IV. That another case of puerperal fever produced pleuritis, with a consequent abscess externally, attended by extensive erysipelas; and that this case excited in her nurse a fatal case of typhus fever. V. That another case of puerperal fever excited in a friend a malignant herpes zoster, with sloughing erysipelas, attended with typhoid fever.

Now all this, and much more to the same purpose, is soberly and ably related, all tending to implicate the frightful doctrine of typhus. Let us see how the author proceeded with the cure, after all his labour and sorrow, for he appears to be an anxious and

careful physician. Bleeding from the arm was used only in three cases, but whether either of these was cured, it is not related. Of ten cases, two only were cured, in one of which leeches were used assisted by a blister; by what means the other was saved, it is not stated. The author comes to the sad conclusion, "that in severe cases, there are no remedial means that can be relied on; that as surely as the patient is seized, she will almost as surely die." Whether in these cases there was any desirable spontaneous reaction, it is not stated; the author appears to have been possessed of the typhus doctrine and to have used means wholly inadequate to any indication.

A case of inflammatory fever is related in the London Lancet, for July 1842, which the author calls "puerperal fever arising from the contagion of typhus." A lady was attending her mother in a very malignant case of typhus fever, and frequently lay by her side, in the same bed. While thus reclining, she was seized with labour, and when trying to make her exit from the room, she sunk on the floor and was there delivered. The author does not say that puerperal fever was in his neighbourhood at that time, but he does say, that having seen a great deal of this disease among the poor, and having found it generally fatal when arising from such causes as this, and feeling confident that it was next to impossible for her to escape, he left directions to be called on the supervention of any alarming symptoms. The third day he was called, after a lapse of some hours from the attack, and he found the most intense pain over the abdomen, excessively increased on pressure; constant vomiting; rapid and rather small pulse; tongue becoming covered with white fur; countenance very anxious. No faintness was produced by the loss of twenty-five ounces of blood, and she felt but slightly relieved thereby. Leeches were immediately applied to the abdomen—how many, it is not said—and calomel with opium was prescribed every two hours; but how much, our author has forgotten to mention. The inflammatory buff on the blood was excessive.

After some time, it is not even hinted how long, she appeared rather better. The calomel and opium were continued every three hours in what doses, it is not said; and as the doctor did not think she would bear further bleeding, the turpentine fomentations were applied to the whole abdomen so as to render it very sore.

The next day she was better, less pain on pressure, and the vomiting had nearly ceased. A diarrhœa came on, which yielded to local antiphlogistics; but what these were, is not mentioned.

She now improved daily, and it does not appear that any thing else was done, unless to give some sesquicarbonate of soda and hydrocyanic acid, to quiet a slight vomiting. We are not told whether the mercury had any specific effect on the glands or the liver, and indeed the whole detail exhibits excessive carelessness.

This then, the author supposes a genuine case of puerperal fever, arising from a genuine case of contagious typhus, in a patient not puerperal; and this he believes will generally be the result of such exposures. But here two questions arise—was this puerperal fever? and if so, was it generated by the typhus contagion? Surely the method of cure was not that of a disease produced by typhus contagion. We do not forget that Dr. Armstrong talks of drawing about fifty ounces of blood in typhus, but we have ventured to think him mistaken in his diagnosis. Suppose twenty people had contracted a typhus fever from that mother, how many of them, let me ask, would have been benefitted by the sudden loss of twenty-five ounces of blood, followed by leeching? And surely, if one of the twenty had been in a puerpural state, it is not probable that she would have been the one best able to bear the depletion. But it is unphilosophical to assign more causes than one for a specific disease. This fever often arises where the typhus contagion could not be traced, nor the symptoms of typhus observed; there is then some unknown cause, and this only can be assigned by true philosophy.

In the Amer. Journal of the Med. Sciences for July, 1843, there are some cases related from the New England Quarterly, which cases are adduced to prove the contagiousness of this disease; but as the doctrine of typhus is happily not there maintained, they do not come within the scope of the present report.

It is a very great error to suppose that this disease is peculiarly various under the various circumstances of season, constitution, state of society, and locality: it is the same fever wherever it is found, varying as does every fever, and particularly the one best known to us all—the common remittent: that is, it is *open inflammatory*, *depressed*, *prostrated*, or *congestive;* and the general indications of cure are the same as in other inflammatory fevers, having however more especial regard to the abdominal phlogosis. In the plague of Athens, Lucretius says, that Medicina was dumb with astonishment—*mussabat tacito Medicina timore*—and this fact but lately obtained with puerperal fever; but the time has at last arrived, when—thank sbe to the genius of Gordon, Armstrong, and Hey—the general indications of cure are known. By their aid we have learned to regard inflammation as the polar star, if which do not always shine conspicuous, the eye of faith and learning may yet discern it through the dark profound; and the mariner who shall diligently regard it, will not err very greatly in the general indications of his perilous voyage.

A communication was received from the Pharmaceutical Society of Great Britain, acknowledging the receipt from the College of a copy of the last edition of the United States Pharmacopœia.

The College resumed the consideration of the Rules for Profes-

sional Intercourse, and after proceeding through the remaining sections, it was, on motion of Dr. Wood, Resolved, that the Rules, as finally adopted, be referred back to the committee by which they were originally reported, in conjunction with the secretary of the College, with the request, that they would arrange the same, and report which of them should be considered as merely recommendatory, and which should have the force of By-laws.

Stated Meeting, November 7, 1843.

Dr. Neill in the Chair.

Present, twenty-one members.

Lewis Rodman, M. D., and George L. Newbold, M. D., were duly elected Fellows.

A communication was received from Dr. Oppenheim, of Hamburg, acknowledging the receipt from the College, of a copy of the last edition of the United States Pharmacopœia.

The following Preamble and Resolutions, were, upon motion of Dr. Fox, unanimously adopted:—

Whereas the College of Physicians of Philadelphia deem it a duty incumbent on them, to direct the attention of the constituted authorities to those causes which may prove injurious to the health of the community, so as, by their aid, to obtain the removal or avoidance of them:—And whereas this College esteem the adundant supply of pure water essential to health, and believe, that the source from whence our city derives its supply, is exposed to great danger of being contaminated:—therefore

Resolved, That the College of Physicians of Philadelphia, do most earnestly recommend to the City Councils, the adoption of such measures as will perpetuate the purity of the water derived from the basin of the Fairmount dam.

Resolved, That the said College esteem it desirable, that the city of Philadelphia should possess so much of the shores of the said basin as may be necessary to protect the purity of the water.

Resolved, That as the "Lemon Hill Estate" will be exposed at peremptory sale on the 21st instant, the Councils of the city be respectfully urged to purchase for the citizens the said estate, so as effectually to guard the Schuylkill water from any danger of contamination, from causes which might arise on that property.

Resolved, That the College also urge upon the Councils the necessity of taking such measures, in their corporate capacity, as will procure Legislative enactments, by which the culverts of the northern and western portions of Spring Garden shall be emptied

into the river Schuylkill below the bridge at Fairmount, instead of, as is now the case, into the basin of the Fairmount dam.

On motion of Dr. Wood, it was resolved, that the Secretary of the College be instructed to transmit a copy of the above preamble and resolutions, signed by all the officers of the College, to the Chairman of the Committee of Councils, to which has been referred the subject of the purchase of the Lemon Hill Estate, with a request, that he would present the same to the councils, at such time as he may deem best adapted to accomplish the objects embraced therein.

Dr. Warrington related a case of uterine disease of a somewhat obscure character.

The patient was of middle age, a German by birth, and to all appearance of a vigorous constitution, though of a rather pallid complexion. She had laboured for some time under pain, which she referred to the region of the back, loins, and lower part of the abdomen. She had been affected with a discharge from the vagina, of a somewhat sanguineous fluid, which, at repeated intervals, came away in considerable quantities. The patient supposed herself to be pregnant, and there was some enlargement of the abdomen. Upon examination per vaginam, the posterior lip of the os uteri was found to be enlarged, and bled upon the slightest touch. It did not appear to be very sensible upon its surface, but when the nail was introduced into one of the sulci which existed in the tumor, the patient experienced intense pain. The tumor or projection was of the size of a chesnut. The patient was ascertained to be pregnant—and at about the third month, she aborted. The treatment pursued, after her recovery from the effects of the abortion, which was very speedy, was the application of lunar caustic to the sensitive sulci of the tumor. During the Summer months, the discharges from the vagina became fœtid, and the tumor increased in size—the patient became pale and cachectic—she had considerable pain in the sacral region, and occasionally in the abdomen, with a sense of oppression at the præcordia. The patient being placed upon an invigorating diet and regimen—her general health became gradually improved, and her digestion tolerably good and regular.

The state of the os uteri was now as follows,—The anterior lip is not much larger than would be expected in a female who had borne several children, nor did it present any increase of sensibility. The tumor of the posterior lip is somewhat increased in size, and evidently increasing; bleeds readily when touched, and at its sulci is acutely sensible. The tumor was seized with a pair of forceps, and a portion of it pinched off. This did not excite much pain, but was followed by very considerable hæmorrhage, which was restrained by injections, three or four times a day, of half an ounce

of a mixture, composed of creasote water half an ounce, the same quantity of pyroligneous acid, and four ounces of water.

An attempt was made to cause the destruction of the tumor, by the introduction of charpie, smeared with the ointment of red præcipitate, but this produced considerable hæmorrhage, and was discontinued.

Dr. Warrington remarked, that he had presented the outlines of this case to the College, in hopes of deriving from the experience of the Fellows, correct views as to its true character, and some suggestions as to the best mode for the removal of the disease.

Dr. Neill hoped that Dr. W. would make an effectual effort for the removal of the tumor, which he thought, from the description of the case, might be easily accomplished by means of a properly constructed scissors.

Dr. Warrington stated, that he was himself in favour of the ablation of the tumor by an operation, but as he was unable to satisfy himself in regard to its exact nature, and fearing the hæmorrhage that might result, he had been deterred from performing it.

Dr. Parrish suggested, whether the danger of hæmorrhage might not be avoided by strangulating the tumor by means of a silver wire passed through a double canula, as in cases of hæmorrhoidal tumors; he conceived that there would be no difficulty in passing the wire around the base of the tumor.

Dr. Warrington remarked, that upon the slightest touch, a discharge of blood took place from the tumor, and hence he was fearful that serious hæmorrhage might ensue, even from the attempt to pass around it a silver wire.

Dr. Parrish believed that any hæmorrhage that might ensue upon the application of the wire, could be effectually restrained by the use of the creasote. He had great faith in the power of this article in the arrest of hæmorrhage. He had recently used it in a violent case of hæmatemesis, with the happiest results. In one case, the patient, an adult male, had vomited nearly two quarts of blood, and within fifteen or twenty minutes, he again discharged nearly the same quantity; the blood was partially coagulated. The patient was so far exhausted as to cause the fear of his speedy dissolution. Immediately after the second vomiting, a table spoonful of mucilage with two drops of creasote was given, and repeated three times, at short intervals. There was no return of the hæmorrhage. The patient's digestive powers were soon re-established, and in a short time he was attending to his business. In another case, which occurred to him some years ago, and very similar in its character, the creasote exhibited precisely the same effects. A report of this case was published in the Medical Examiner.

Stated Meeting, December 5, 1843.

Dr. Hewson, *President*, in the Chair.

Present, nineteen members.

W. B. Page, M. D., was duly elected a Fellow.

The Committee, to whom were referred the Rules for the Regulation of Professional Intercourse, &c., as adopted by the College, with instructions to report a proper arrangement of the same, and also to indicate which of the said Rules should have the force of laws, and which are to be considered as merely recommendatory,—reported as follows:

That the Committee do not feel authorized to consider the subject of penalties. They respectfully recommend, that the Rules as they now stand, and divided and headed as they are at present, with the exception of the 35th paragraph, page 12, be inserted as Chapter VIII. of the By-laws, in place of the matter which now forms that chapter. That paragraph 35, be inserted after the 3rd article in Chapter II. of the By-laws, and that the numbers of the subsequent articles of that chapter, be altered so as to correspond. They further respectfully report, that, in their opinion, paragraph 35 has necessarily the force of law; and that the remainder of the Rules are merely recommendatory. Any further action, therefore, according to their impression, must remain with the College.

Upon the motion of Dr. West, the arrangement of the rules, as reported by the Committee, was adopted, as follows:

Chapter II.—*Of Members and Membership.*

4. No person who gives his support to any system of practice, which is sustained by efforts to weaken or diminish public confidence in the science of medicine, or in the medical profession, or who, by advertisement, announces his claim to superior qualifications in the treatment of diseases, or of a particular disease; or who holds a patent or part of a patent for a surgical instrument; or gives a prescription to any apothecary, which he refuses to give to other apothecaries; or who deals in secret medicines, or publicly recommends them, shall be considered eligible as a Fellow or Associate of the College. And, any Fellow or Associate who may be hereafter so engaged, shall forfeit his right to membership, on the fact being reported by the Censors. But an appeal from the decision of the Censors is permitted, as in other cases.

Chapter X.—*Rules of Professional Conduct.*

Section I.—*Conduct of Physicians to their Patients.*

1. The strictest *temperance* should be deemed incumbent on the

faculty; as the practice both of physic and surgery at all times requires the exercise of a clear and vigorous understanding; and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well being and even to the life of a fellow creature.

2. Physicians should minister to the sick with due impressions of the importance of their office; reflecting, that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *steadiness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

3. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which the faculty are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honour.

4. The opportunities, which a physician, not unfrequently, enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. And his councils, or even remonstrances, will give satisfaction, not disgust, if they be conducted with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

5. A physician should not be forward to make gloomy prognostications; because they savour of epiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient, timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined, whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments.

6. A physician is not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by obviating despair, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing, to fanciful delicacy and mistaken liberality, that

moral duty, which is independent of, and far superior to all pecuniary appreciation.

7. At the close of every interesting and important case, especially when it has terminated fatally, a physician should trace back, in calm reflection, all the steps which he had taken in the treatment of it. This review of the origin, progress, and conclusion of the malady; of the whole curative plan pursued, and of the particular operation of the several remedies employed, as well as of the doses, and periods of time in which they were administered, will furnish the most authentic documents on which individual experience can be formed. But it is principally in a moral view that the practice is here recommended; and it should be performed with the most scrupulous impartiality. Let no self-deception be permitted in the retrospect; and if errors, either of omission or commission, are discovered, it behooves that they should be brought fairly and fully to the mental view. Regrets may follow, but criminality will thus be obviated. For good intentions, and the imperfection of human skill, which cannot anticipate the knowledge that events alone disclose, will sufficiently justify what is past, provided the failure be made conscientiously subservient to future wisdom and rectitude in professional conduct.

Sect. II. *Conduct of Physicians towards their professional brethren, and the patients of these last.*

8.—*Officious interference* in a case under the charge of another should be carefully avoided. No meddling inquiries should be made concerning the patient; no unnecessary hints given relative to the nature or treatment of his disorder; nor any selfish conduct pursued that may directly, or indirectly, tend to diminish the trust reposed in the physician employed. Yet, though the character of a professional busy-body, whether from thoughtlessness or craft, is highly reprehensible, there are occasions, which not only justify but require a spirited interposition. When artful ignorance grossly imposes on credulity, when neglect puts life at hazard, or rashness threatens it with still more imminent danger, a medical neighbour, friend or relative, apprized of such facts, will justly regard his interference as a duty. But he ought to be careful, that the information on which he acts is well founded, that his motives are pure and honourable, and that his judgment of the measures pursued is built on experience and practical knowledge, not on speculative or theoretical differences of opinion. The particular circumstances of the case will suggest the most proper mode of conduct.

9. No physician ought to attend or prescribe for a patient who has recently employed another member of the faculty in the same illness, unless it be in consultation with the first in attendance, or

in case of relinquishment or dismissal, or of sudden emergency, when the case will not admit of delay.

10. When a physician is called to an emergent case, because the family attendant is not at hand, the care of the patient ought to be resigned to the latter as soon as his attendance can be obtained, unless assistance in consultation be desired.

11. If, during the absence or sickness of any physician, a patient who may have been under his charge at the time of his departure or attack, or have called upon him for assistance during his absence or sickness, or in any way given it to be understood that he regarded him as his regular medical attendant, shall call in another physician, the latter, on the return or recovery of the former, ought, with the consent of the patient, to surrender the case.

12. It frequently happens, that a physician, in his incidental communications with patients of other physicians, or with their friends, may have their cases stated to him, in so direct a manner, as not to admit of his declining to pay attention to them. Under such circumstances, his observations should be delivered with the most delicate propriety and reserve. He should not interfere in the curative plans pursued ; and should even recommend a steady adherence to them, if they appear to merit approbation.

13. When a physician attends the wife or child of a member of the faculty, or any person very nearly connected with one, he should manifest peculiar attention to his opinions, and tenderness even to his prejudices. For, the dear and important interests which the one has at stake supersede every consideration of rank or seniority in the other; since the mind of a husband, a father, or a friend may receive a deep and lasting wound, if the disease terminate fatally, from the adoption of means he could not approve, or the rejection of those he wished to be tried. Under such delicate circumstances, however, a conscientious physician will not lightly sacrifice his judgment; but will urge, with proper confidence, the measures he deems to be expedient, before he leaves the final decision concerning them to his more responsible coadjutor.

14. As diversity of opinion, and opposition of interest may, in the medical, as in other professions, sometimes occasion *controversy*, and even *contention*, whenever such cases unfortunately occur, and cannot be immediately terminated, and when but one of the parties belongs to the College, they should be referred to the arbitration of a sufficient number of physicians. But neither the subject matter of such references, nor the adjudication, should be communicated to the public ; as they may be personally injurious to the individuals concerned, and can hardly fail to hurt the general credit of the faculty.

Sect. III.—*Consultations.*

15. *Consultations* should be *promoted*, in difficult or protracted cases, as they give rise to confidence, and more enlarged views in practice. On such occasions, no rivalship or jealousy should be indulged: candor, probity, and all due respect should be exercised towards the physician having charge of the case.

16. In consultations, it should be the province of the attending physician first to propose the necessary questions to the sick; after which the gentleman called in should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place, and deliberate upon the case; and the physician first in attendance should communicate the directions agreed upon to the patient or attendants, as well as any opinions which it may be thought proper to express respecting the case. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the attending gentlemen of the faculty, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

17. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in; and the opinion of a majority shall be decisive. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand.

18. *Punctuality* should be observed in the visits of the faculty, when they are to hold consultation together. But as this may not always be practicable, the physician who first arrives at the place of appointment, should wait for his associate, ten minutes after the time agreed upon for the meeting, before his introduction to the patient; when, after having directed what may be required in the case, he may retire. No visits should be made by the consulting physician, unless in a case of emergency, excepting in concert, or by mutual agreement with his associate.

19. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement on those modes of practice which are founded, not on hypothesis, but on experience and observation.

20. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of another physician might be objectionable to the patient, the gentleman of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance.

Sect. IV.—*Quack Medicines.*

21. The use of quack medicines should be discouraged by the faculty. A physician of sense and integrity, aware of the responsible nature of his office, will not venture to prescribe or countenance a remedy the composition of which is unknown to him. Certain active preparations, the nature, composition, and effects of which are well known, ought not to be proscribed as quack medicines.

Sect. IV.—*Esprit du Corps.*

22. The *Esprit du Corps* is a principle of action founded in human nature, and, when duly regulated, is both rational and laudable. Every man who enters into a fraternity, engages, by a tacit compact, not only to submit to the laws, but to promote the honour and interest of the association, so far as they are consistent with morality, and the general good of mankind. A physician, therefore, should cautiously guard against whatever may injure the general respectability of his profession; and should avoid all contumelius representations of the faculty at large, all general charges against their selfishness or improbity, and the indulgence of an affected or jocular scepticism concerning the efficacy and utility of the healing art.

Sect. VI.—*Fees.*

23. To enable practitioners to exhibit uniformity in the rate of charging, it is proposed, that no entry shall be made in their account books of lower fees than those contained in the following table; unless the physician should have reason to believe that his patient cannot pay the full amount without serious inconvenience. But, the fee bill, as at present established by the College, being founded on a just consideration of the important services which its members are called upon to perform, it is their duty to conform to it in their charges, whenever the circumstances of their patients are not such as clearly to forbid it.

For a single visit, and advice, in a case in which no further visits are required - - - - - - - - - - - From	$2 to 10
When detained, for each hour - - - - - - - - -	2 " 5
For an ordinary visit, in a case in which the physician is in regular attendance - - - - - - - - - - - -	1 " 2
And every necessary visit on the same day to be charged, whatever may be their number.	
When the visit is to more than one person in a family, fifty cents to be charged for each additional patient.	
For a visit at a time appointed by the patient or his friends - -	2
For verbal advice at the physician's house - - - - -	1 " 10

For written advice	$5 " 20
For rising at night, and a visit	5 " 10
For a first visit in consultation	5
For subsequent visits in the same case	1 " 2
For rising at night, and a visit in consultation	5 " 15

In visits to distant patients, one dollar to be charged for every mile beyond the limits of the city, in addition to the ordinary charges.

An extra charge may be discretionally made for travelling at night, or on account of the badness of the roads, or the inclemency of the weather.

For an opinion involving a question of law	5 " 20
For a post mortem examination in a case of legal investigation	25
For vaccination	5
For re-vaccination	2 " 5
For an ordinary case of Midwifery	10 " 30
For the application of the forceps, or for turning, an addition of	10 " 20

For any indisposition in the mother or child, after the tenth day of confinement, the charge for attendance as in ordinary cases requiring medical treatment.

For reducing Fractures	5 " 10
For reducing Luxations	5 " 30
For passing the Catheter	1 " 10
For removal of Stone from the Bladder	100 " 200
For Amputation of a Leg or Arm	25 " 100
For Amputation of a finger or toe	5 " 20
For Extirpation of large Tumours	50 " 100
For Extirpation of other Tumours	5 " 30
For Trepanning	25 " 100
For the Operation	
for Cataract	50 " 100
for Anuerism, subclavian, carotid, femoral	100 " 200
for Hernia	25 " 100
for Fistula Lachrymalis	15 " 30
for Hare-lip	20 " 50
for Fistula in Ano	20 " 40
for Hæmorrhoids	20 " 40
for Hydrocele, radical	20 " 30
for Tapping Hydrocele	5 " 10
for Ascites	10 " 20

In all Surgical cases, the charge for subsequent attendance to be according to the time occupied, and the trouble incurred.

24. Physicians should present their accounts at least annually, or as much oftener, as they may deem proper.

25. A physician should not give advice gratis to those who are able to make compensation; for it is defrauding, in some degree, the common funds for the support of the profession, when fees are dispensed with which might justly be claimed. The poor, however, of every description, ought to be deemed the objects of kindness and attention; and to them gratuitous services should be rendered with promptness and alacrity. In the consideration of fees, let it ever be remembered, that though mean ones from the affluent are both unjust and degrading, yet the characteristical beneficence of the profession is inconsistent with sordid views, and avaricious rapacity. To a young physician, it is of great importance to have clear and definite ideas of the ends of his profession

of the means for their attainment, and of the comparative value and dignity of each. Wealth, respectability, and independence, with all the benefits resulting from them, may be the ends, which he holds in view; and they are interesting, wise, and laudable:—yet knowledge, benevolence, and active virtue, the means to be adopted in their acquisition, are of still higher estimation. And he has the privilege of practising an art, even more intrinsically excellent in its immediate than in its ultimate objects. The former, therefore, have a claim to uniform pre-eminence.

26. Physicians should avoid the practice of suffering vaccination to be treated as a mere incident or make-weight in charging for other services, or of performing it for a very small reward. By so doing, they diminish the popular respect for this important operation, and produce a temptation, in their own minds, to despatch it with too great an economy of trouble, and, in particular, to omit journalizing the cases, which should never be neglected.

27. Whenever a physician officiates for another, who is sick or absent, the fees for attendance shall accrue to the physician for whom his office has been performed; with an observance, always, of the utmost delicacy towards the interest and character of the professional gentleman previously connected with the family.

28. Members of the profession, together with their wives and children, should be attended *gratuitously*, by any one or more of the faculty residing near them, whose assistance may be required. For, as solicitude obscures the judgment, and is accompanied with timidity and irresolution, medical men, under the pressure of sickness, either as affecting themselves or their families, are peculiarly dependent on each other. But visits should not be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. Distant members of the faculty, when they request attendance, should be expected to defray the charges of travelling. And if their circumstances be affluent, a pecuniary aknowledgment should not be declined; for no obligation ought to be imposed which the party would rather compensate than contract.

Dr. H. H. Smith, through Dr. J. R. Paul, presented, for the Library of the College, a copy of his work, entitled, "Minor Surgery—or Hints on the every day duties of the Surgeon."

Dr. B. H. Coates presented, for the Library, a "Copy of the Transactions of the Historical and Literary Committee of the American Philosophical Society, at its Centennial Anniversary, 1843."

A communication was received from the Royal Medical and Chirurgical Society of London, acknowledging the receipt, from the College, of a copy of the last edition of the United States Pharmacopœia.

The "Annual Report on Surgery," was read by Dr. Parrish, as follows:

In a field so extensive as that of Surgery, and one so crowded with industrious and ardent labourers, there must be an annual harvest of rich and useful products. To bring these together, and to compress them into a condensed and comprehensive form, adapted for future use, is the object of these annual communications.

Your Committee cannot pretend, however, to do more, than to glance at some prominent topics, which appear to possess sufficient interest and novelty, to claim a passing notice. In our last annual report, we discussed, at some length, the subject of introducing a tube into the Colon, with a view of exhausting the air, in cases of tympanitis, or for the more effectual administration of enemata, in intestinal obstructions, &c. This practice has been applied, also, to cases of strangulated hernia, and, within the past year, a case has been reported, in the London Lancet, in which it is said to have been successful. The patient was a female, aged fifty-one years. She was very corpulent, and had been ruptured for twenty-four years. By some accident, strangulation of a large portion of intestine took place, at the femoral ring—the constitutional symptoms were severe and threatening, and a resort to the operation seemed inevitable; to this, however, the patient would not consent. Under these circumstances, the elastic tube of the stomach pump was passed up, through the rectum, to the distance of twelve inches. A syringe was attached, and two quarts of warm water slowly injected. When about one-half the quantity was thrown up, a gurgling was distinctly heard in the tumor, and it gradually became less tense. On removing the syringe the water was allowed to run off; after which, it was re-applied, and efforts made to exhaust the air. In a few minutes, the tumor began to yield, and by keeping up gentle pressure upon it, the contents were returned into the abdomen, to the immediate relief of the patient. The case occurred under the care of Charles Colambell, Esq., of Lambeth, England, and is reported in the London Lancet, for April 29th, 1843.

An account of a new method of treating burns and scalds, has recently been announced by Lisfranc, which, from its simplicity, and from the ease with which the remedy is attainable by all classes, is worthy of trial. It consists in saturating dossils of lint or charpie, with a solution of common salt, of medium strength, and applying them, over lint lightly covered with cerate or lard, next to the burn, so that the abraded surface may imbibe the solution by degrees. It is asserted, that very soon after the application, the local pain diminishes, or ceases altogether, and

that the subsequent healing of the part is insured in a shorter time, than by any other means. In slight burns, in which simple redness and elevation of the surface occur, it is said to subdue the inflammatory symptoms in twenty-four or forty-eight hours; while, in the more severe forms of burn, attended with serous or sero-purulent effusion, ulceration, &c., from five to eight days will be required to produce the like result. It is only in the first or inflammatory stage, that the solution of chloride of sodium is applicable—after the separation of the eschars, it is decidedly injurious, as it impedes the process of granulation. Your committee have had no opportunity of testing the efficacy of this practice by individual observation, but mention it as a matter worthy of trial, and calculated, if it should prove true, to exert an important influence on surgical practice, in a very extensive class of accidents. Dr. Rhind, of Edinburg, has recently proposed, as a remedy for burns and scalds, a solution of gum arabic; repeated coats of it being applied so as to form a complete covering to the injured parts. The solution is to be used at about the warmth of 96°, and, as gum is a bad conductor of heat, it is said not to cool down the system by evaporation, like an ordinary cool fluid, while, at the same time, it does not preclude an exposure to moderately cool air. Before applying the gum, the skin should be freed from all oily matters, and two, three, or four applications should be made, at intervals of five or ten minutes.

Dr. Houston, of Dublin, has recently urged the application of nitric acid to hæmorrhoidal tumors, as a means of cure, which he considers superior to any other method. His plan is, to apply the acid to the surface of the tumor, by means of a piece of wood, cut into the shape of a dressing case spatula; this is dipped into the acid, and then rubbed upon the tumor, until a greyish-white colour is produced; which is an evidence of its due action. If a superficial slough alone is desired, one application will prove sufficient; if a more deep one, several touches should be made, in quick succession. After the application of the acid, the parts should be lubricated with olive oil, and returned within the sphincter, the patient put to bed, and an opiate administered. Dr. Houston states, that the pain is smart and burning at first, but goes off in two or three hours, after which, a general uneasiness is felt about the anus, with a slight sense of heat, fulness, and throbbing, for a few days. On the third or fourth day, a purgative should be administered, when the bowels will generally be moved without pain, or prolapse of the rectum. After this, Dr. Houston declares that the cure progresses rapidly, and without disagreeable symptoms.

The use of black pitch has also been recommended as a remedy for hæmorrhoids, in their less aggravated form, as well as for fistula

in ano, and other indolent inflammations in the vicinity of the rectum. Dr. Wardleworth, of Manchester, states, that he has derived great advantage from the use of the following formula: Take of black pitch, one drachm; powdered gum acacia, two drachms; mix, and divide into xx pills—two to be taken every night. These pills operate as a gentle aperient, and are supposed to act as an agreeable stimulant to the capillaries and exhalants of the intestinal canal, and especially to the portal veins, thereby relieving that sluggish action, upon which the dilatation of the hæmorrhoidal veins is supposed to depend. In cases connected with functional disturbance of the liver, Dr. Wardleworth recommends the combination of blue mass with the pitch. He considers, from an extensive trial of this remedy, that it is far superior, as a medicinal agent, to Ward's paste, so celebrated in the cure of piles, and he urges a trial of it, upon the profession, in preference to an empirical remedy.

Within the past year, a new article has been added to our list of remedies, for the treatment of enlarged tonsils, and other morbid growths, occurring in different parts of the body. This preparation is an iodide of zinc, made by the action of iodine upon zinc, without the aid of any extraneous substance. A plate of zinc is placed over a jar or vial, and the iodine sprinkled over it. In a short time the iodide is deposited in the vessel, in the form of a semi-fluid, deliquescent substance, which is said to possess great efficacy in promoting the absorption of morbid growths. Dr. Goddard, of this city, has used the remedy extensively, within the past year, and reports very favourably of its effects. He informs us, that it appears to possess the peculiar property, when applied to an enlarged gland, of inducing a rapid absorption, by a sort of shrivelling process, and not by the formation of a slough. Like the chloride of zinc, it does not spread to the surrounding healthy structure, and, hence, may be used without the fear of injury from being swallowed.

Dr. Goddard conceives it to be well adapted, as an application to fungous or hæmmorhagic tumors, in which extirpation might prove dangerous, and in which even the use of escharotics is apt to be followed by troublesome and exhausting bleeding—an opinion which he has confirmed by a limited experience. The article is applied pure, by means of a camel's hair pencil, or a piece of sponge, secured to the end of a suitable handle—it is held on for a short time, and repeated every two or three days, until the object is accomplished. The application is followed by a pungent smarting, which continues for twenty or thirty minutes, but by no other inconvenience.

Should more extended trials establish the efficacy of this remedy, a great object will be attained, especially in those cases of enlargement of the tonsils caused by repeated attacks of inflammation in

the gland, in the extirpation of which by the knife, we have just grounds for fearing hæmorrhage.

Writers do not appear to have drawn the distinction between this form of tonsillitis, and that simple hypertrophy of the gland, which is the result of a scrofulous degeneration. The former is not an uncommon disease in adults, while the latter occurs most generally in children. A marked difference in the external characters of the gland is also apparent. In enlargement from chronic inflammation, its structure is more dense and compact, and its vascularity greater than in the strumous variety. Adhesions to the anterior half arch, the result of repeated attacks of inflammation, generally exist, together with a redness or turgesence of the vessels, in the vicinity of the tonsils. In cases of this description, the propriety of an operation may well be questioned, and, in at least two instances known to us, where it has been performed, alarming hæmorrhage has supervened. Under such circumstances, the possession of an article, which shall exert the powers ascribed to the iodide of zinc, is a great desideratum, and may supersede the application of the other caustic preparations, which are found inconvenient and tedious.

The surgical practice of the United States, has acquired a new feature, from the introduction of the numerous rail roads which intersect our country in almost every direction. Accidents caused by the passage of rail road cars over the limbs, are very numerous, and of the most serious character.

The fractures thus induced are comminuted and compound; the bones exposed to the crushing of the car, being literally ground into fragments, while the muscles and cellular tissue of the limb, are completely cut up, as with a knife. What is remarkable, the nerves and blood vessels of the injured limb, generally escape injury, and the wound of the integuments is often very slight, in comparison with the destruction of the parts beneath. The constitutional symptoms attending these accidents are very severe. Not a few patients die from collapse, without reaction, while others sink, at a later period, from mortification of the limb, tetanus, or some other cause. A close analogy exists between this class of accidents, and gun-shot wounds, or wounds from cannon balls; in both cases the constitutional symptoms are peculiarly alarming, while the injury done to the limb, places it beyond the power of restoration. The practice, in these cases, differs from that usually adopted in other varieties of severe compound fracture. In cases of compound comminuted fracture from other causes, efforts to save the limb may reasonably be made, and have not unfrequently proved successful, under very discouraging circumstances. The practice of the Pennsylvania Hospital, during a period of thirty or forty years, would amply illustrate the truth of this remark. The surgeons who have, at different periods, been connected with this

institution, during the period referred to, have been eminent not only for their skill and knowledge, but for that high sense of moral obligation. and humane consideration for the comfort and welfare of the unfortunate objects of their care, which induced them to make the most vigorous efforts to save, rather than to cut off injured or diseased members. It was the favorite maxim of these eminent men, that the highest aim of surgical skill, is to save those parts of the body which are the subjects of injury or disease, and that amputation is a measure always mortifying to the surgeon, and to be resorted to, only, when the preservation of life, demands the sacrifice of a limb. This sentiment was publicly taught by the highest surgical authorities of our country, and has entered largely into the American practice. A thorough conviction of its truth, has induced surgeons to place great reliance upon the powers of nature, in the restoration of injured parts, and oftentimes to suspend operative procedures when these seemed inevitable, in full confidence of the recuperative energies of the system. Abundant experience has verified the wisdom of this course, and, although individual instances may have occurred, in which errors have been committed, the vast amount of unnecessary mutilation which has been prevented, far counterbalances these occasional evils.

The rule, generally adopted, in regard to amputation after severe compound fractures, is to attempt the preservation of the limb, provided no injury has been inflicted upon its joints, or upon the great vessels by which it is supplied with blood. The occurrence of any untoward symptom, in the progress of the case, may of course alter this determination, and render secondary amputation necessary for the safety of the patient. In the class of accidents, under review, however, the ordinary principles applicable to the treatment of compound and comminuted fractures, have been found by experience to be unsafe. A limb crushed between the wheel of a rail road car, and the track in which it moves, is so far deprived of vitality, as to render amputation necessary, at the earliest period after the reaction of the system has taken place. Attempts to save a limb under these desperate circumstances, have usually proved disastrous, and where patients have refused the operation, a fatal result has too often ensued. Where both lower extremities are injured, death, we believe, almost invariably occurs, without reaction.

During a period of six months, viz. from the 1st of the 4th, to the 1st of 10th months, of the present year, six rail road accidents, were admitted into the Pennsylvania Hospital—of these, two were injuries of the fore arm, one of which was admitted a week after the accident, with the limb in a state of gangrene; tetanus succeeded, at the end of two days, and the patient died—the other case recovered after amputation. Another was a compound fracture of both

thighs, followed by death on the second day, without reaction. The fourth was a comminuted and compound fracture of the metatarsal bones, resulting in death, from tetanus, in ten days after the accident —the injury in this case, was not sufficiently severe to require amputation. The fifth was a compound fracture of the leg, in which death occurred from the same cause, amputation having been deferred, in consequence of the great vigour of the patient, and the apparently favourable aspect of the wound. The sixth was a compound fracture of one leg, with a lacerated wound of the other foot, in a child nine years old, in which amputation was declined, on account of the feeble state of the child's health; this case is still under treatment, and in the progress of recovery.

During the same period, one case of compound and comminuted fracture of the leg from a fall, has been cured without deformity. Two cases of compound and comminuted fracture of the hand and wrist, one from machinery, and one from the bursting of a gun, in both of which, amputation was performed, resulted in the same manner. One case of compound fracture of the humerus, with fracture of the clavicle and nose, resulted in death, from phlebitis, on the nineteenth day. In one case of compound fracture of the leg, from a fall, in an intemperate man, death resulted from delirium tremens. And one from the passage of a cart over the limb was cured.

From this limited number of cases, no settled conclusion can of course be drawn, did not the above statement furnish a tolerably fair average of the results in the whole class of rail road accidents; which we are disposed to believe is the fact. At all events, there can be no question, that these injuries are of the most formidable character, and that the established methods of practice, which long experience has proved to be successful in other compound fractures, are not to be depended upon in their treatment.

The establishment of some general principles of treatment, which should guide the surgeon in these difficult cases, becomes therefore a matter of great moment. This is to be arrived at, only by accumulating a mass of facts, which shall serve as data, in forming a satisfactory conclusion, and it is to be hoped, that surgeons connected with hospitals, who have the best opportunity for furnishing the materials, will lend their aid to so important an inquiry.

Stated Meeting, January, 2, 1844.

Dr. Norris in the Chair.

Present, fourteen members.

Dr. Condie presented, for the Library of the College, a copy of his Practical Treatise on the Diseases of Children.

Dr. Warrington stated, that the tumor of the os uteri, an account of which was presented by him to the College, at its meeting in November, had since then been removed by an operation.

The tumor was removed by Dr. Hewson, by means of a scissors, in three different sections; considerable hæmorrhage had followed the operation, but none had occurred since. Five weeks had now elapsed since the removal of the tumor. The posterior lip of the os uteri appeared to be, upon an examination being made, a short period subsequent to the operation, nearly reduced to its proper size; the base of the tumor, which still remained, was partially cicatrized. The portion of the tumor that was removed, was composed chiefly of a congeries of blood-vessels; and when the three sections were joined together, it was about the size of an orange—say about one inch and a half in diameter, at its base, and nearly circular. The patient seemed to be doing very well—she had since menstruated—the discharge was pale, and not near so copious as before the tumor was removed. So soon as she has ceased menstruating, it is designed to make a very full examination, by means of a speculum, the results of which examination will be communicated to the College.

Stated Meeting, February, 6, 1844.

Dr. Bell in the Chair.

Present, eighteen members.

Dr. Darrach presented the "Annual Report on Meteorology and Epidemics," as follows:

In presenting the Annual Report on Meteorology and Epidemics, the undersigned entertain the hope, that, as embracing some additional objects of interest, it will prove more acceptable to the College. The Summary Table is so constructed, as to exhibit the extremes of temperature, and the mean, observed in each month. To these, follow the notice of the Dew-point, now considered as the fairest mode of determining the degree of moisture contained in the atmosphere. The Barometrical extremes are likewise given. The course of the wind, as blowing for any number of days, is distinctly expressed. The number of days when the weather was fair or cloudy, or when there was rain or snow, will be found in appropriate columns. The quantity of rain and snow, when melted, has likewise its place in the table. The opportunity is thus afforded of comparing the different seasons of the year, in our own climate, and of determining their relative character, when

brought into comparison with the climate of other parts of the globe, where similar observations have been conducted.

The diurnal observations have not been copied, but will be presented shortly. To the general reader they present less interest; they may, however, be considered essential, as affording the evidence establishing the truth of the account contained in the text, and in the summary table.

In the report is embodied a short history of the Diseases which prevailed in 1843. The weekly returns of the interments have been collected, with the view of their being preserved in the Archives of the College. Your committee regrets, that as yet, the Annual Bill of Mortality has not been published by the Board of Health, for the two last years.

Large bodies of ice having been formed in the neighbouring streams, during the months of November and December, 1843, many persons predicted a long and severe winter. The migration of the squirrels Southward, reported in the rural papers, was considered as affording an additional presage of an inclement season. The prescience possessed by the animals, can not be unhesitatingly received. Impelled by their wants, in certain seasons, they seek other regions, where they may find ample means of subsistence. And the animals that resort to deep recesses in the ground, or seek shelter in the hollow of trees, to avoid the inclemency of the winter, are prompted to lay up the requisite stores, while the supply is yet abundant, before the period when the snow and frost will prevent their finding their customary food. The records of popular opinions do not prove these entitled to credit. They may, however, afford the opportunity, by comparing events, of confirming, or invalidating the truth of what might otherwise lead to interminable dispute.

The weather, during January, was very mild. The lowest temperature observed, being 14° of Fahrenheit's scale, and this on the morning of the 4th. During the remainder of the month, the mean temperature was 39°, with occasionally slight frost. In evidence of the mildness that prevailed, it may be noticed, that a shad was caught in the Delaware, in the neighbourhood of Bordentown. If one swallow make not a Summer, one shad can not be received as the real harbinger of Spring. Of the truth of this, we may judge by the character of the succeeding months. January was dry, with many cloudless days. In fact, there was but five days when the sun was not visible. The walking was generally good, and people enjoyed the pleasure and benefit of exercise in the open air.

In February there was an uninterrupted continuance of frost; though the cold was at no time intense for the season. Great bodies of snow fell in the country, beyond a few hours' ride from the city. Throughout the Union, severe and disastrous storms were frequently noticed.

March was unusually cold, in this respect exceeding what has been observed for the last fifteen years. Though, there was no one day in which the mercury in the thermometer has not been often observed to be lower during this month in former years. The quantity of rain and snow which fell, exceeded what has been noticed in the above period, excepting what was observed in March, 1841. Notwithstanding the quantity of rain and snow, the cloudy days were few in number.

April proved a mild and genial month, with more frequent showers, and a greater abundance of rain, than has usually characterised the month in this climate. The predominance of the wind from the North of East was very remarkable. On the fifth of the month, snow fell to the depth of two inches. Vegetation advanced but slowly, apparently retarded by the severity of the weather which had prevailed during the two preceding months. Many shrubs, which bloomed during the last week of March, in the two preceding years, did not put forth their flowers until the close of April.

The mean temperature of May was rather below the ordinary standard. Westerly winds prevailed, and, though there were many rainy days, the rain which fell was unusually small, measuring only 2.45 inches. It was, however, an exceedingly pleasant month, with a full proportion of balmy, sunny days.

June was characterized by extraordinary extremes of temperature. On the 2d, early in the morning, the mercury stood at 40° of Fahrenheit's scale. The effect of this low degree of temperature was very sensible on the tender plants, cultivated in the gardens near the city. In such positions, the cold being full three degrees lower than as stated above. At the close of the month, the thermometer rose to 90° in the shade. The weather was exceedingly dry, the wind mostly blowing from the South of West. The rain did not exceed 1.60 inches.

An extraordinary degree of heat was observed on the 2d of July, at 3 P. M., when the thermometer stood at 98° in the shade. This was certainly the hottest day that has been recorded since 1825. The average temperature of the month did not correspond to the anticipations from that day. By the table, it will be seen, that the mean heat did not exceed 74°. A due proportion of rain fell, refreshing the earth, and quickening the vegetation. The rain amounted to 4.54 inches.

An uniformly warm temperature prevailed throughout August. There was an extraordinary flood of rain on the 5th, doing great damage, in various parts of the city; the culverts being choked, and obstructed, in consequence of the high tide in the Delaware. The market was abundantly supplied with melons and peaches, of most excellent quality. These fruits were particularly acceptable, as an ample supply had not been known since 1823. The amount of

rain which fell during the month exceeded nine inches. There was but one cloudless day. Twenty-six days were variable, with occasional sunshine. On four days, the sky was completely overcast.

September proved an unusually warm month. On the 3d, the thermometer rose to 90° in the shade. The summary table indicates 41° as the lowest temperature observed, and gives 69° as the mean degree of heat. Northerly winds prevailed. 4.15 inches of rain were collected during the month.

The weather in October was serene and clear. There were many cloudless days, but with none of the smokiness observed at the period when the leaves turn and begin to fall. Northerly winds predominated; rain fell to the amount of 3.58.

November was cold, with early frost. The extremes of temperature were 64° and 22; and the mean heat was 42°. The diurnal range was rather larger, for the thermometer rose 32° on the first day, and the mean range, during the month, was 11°—rather exceeding what has been usually observed. The prevailing wind was from the North of West. The number of clear days was rather lower than is commonly observed. There where nine days on which it rained, and snow was noted twice. The rain guage indicated 4.14 inches, as the amount of rain and melted snow collected during the month.

In December the weather was variable and wet, with occasional smart frost. The extremes of temperature observed, were 47°, and 16°, and the average heat was 35°. The wind blew from the North East and North of West during the greater part of the month, and the sky was dark and cloudy, beyond what is generally expected. On eight days it rained, and on three snow fell. The amount collected measured 4.14 inches.

Since 1829, after an interval of some years, Scarlatina has prevailed more or less in different quarters of this city, and the associated districts. Scarcely a week has passed in which it has not occupied a place in the list of interments. In this year, 1843, the mortality has far exceeded any that has been observed in the preceding periods. For the information of the curious, the records of the Board of Health have been consulted, and from these documents a table has been drawn up, exhibiting the number of deaths caused by scarlet fever, and malignant sore throat, since the year 1807 inclusive.

The district comprehended within the Bills of Mortality contains a widely spread population, and diseases often prevail, in one quarter, which necessarily elude the direct observation of the profession at large. From the information received in the intercourse had with the practitioners of the city and districts, it is inferred, that the ravages of scarlatina were noticed more especially among the inhabitants residing on the borders of the Schuylkill.

Such a history as would be worthy of the attention of the College, it has not been in our power to obtain. In the observations made at the bedside of the sick, complications have been occasionally observed, that are not recorded in the systematic works on the disease. Among these, were noticed the appearance of urticaria, in two persons, at the time affected with fever and sore throat, and in whom, two days after, the scarlet efflorescence was distinctly perceived. Of the persons alluded to, one was an adult, the other his child, a lad aged about eight years. A person, from whom these were descended, had an attack of sore throat, accompanied by fever, severe pain in the limbs, with a full crop of urticaria, but no scarlet eruption was observed in the course of his indisposition. Attention has been directed to the condition of the breath, and the state of the urine, in persons affected with scarlet fever, and the result has tended to confirm the views given in a former report, and to indicate more distinctly the signs by which the practitioner may be governed in the choice of the remedial agents.

In the last report was exhibited a frightful picture of the ravages occasioned by the small pox. 275 persons having been hurried to an untimely grave by this loathsome disease, in 1842. It is with great satisfaction that the statement can now be given, that, during the present year, the mortality has been greatly reduced, the victims to the pestilence not having exceeded 27. The eruptive diseases, having a strong resemblance to this pestilent malady, and by many supposed to be derived from the same source, known to the profession under the denomination of Modified Small Pox, Varioloid, and Varicella were frequently presented as the objects of medical attention. The character was generally mild, though, in some instances, the eruption was very abundant, and attended with great itching, burning, and restlessness. Individuals frequently escaped the complaint, when several members of the family were affected, and at a subsequent period were attacked with the disease, though the source from which they received it could not be traced.

The Bills of Mortality exhibit no instance of death from measles during the period embraced in the present report.

Erysipelas appears to have been more fatal than in 1842. In that year, the number of deaths recorded did not exceed thirty-three, while in the present year, forty-six persons are reported to have died of the disease. Judging from the list of interments, children suffered equally with persons of adult age.

Some other complaints, in which the skin is implicated, might be included in the present report. They do not, however, appear to have been of a fatal character, and the mere specification of them, without some notice having a practical bearing, would be deficient in interest.

In the early portion of the year, Typhus and Typhoid fevers were noticed. In the Summer they gave place to fevers of the remittent

and intermittent type, and again predominated after the autumnal equinox. Typhus has been the fruitful subject of discussion in the medical works of the British. Typhoid, less known to the physicians of Great Britain, and to the practitioners of this country, has, through the labours of the French, become the subject of scrupulous investigation. From those who have had large opportunities of observing the character and progress of this form of fever, we may soon hope to enjoy the fruit of their experience.

After the great flood of rain, which occurred on the 5th of August, Fevers of a remittent and intermittent type prevailed for a season. They were not, however, so frequent or so severe as might have been expected, from the putrid miasmata generated in many of the houses, by the vast body of water poured into the cellars.

In October some obstinate cases of Intermittent fever were observed, which resisted the cinchona and quinia, until the system had been reduced by bleeding and purging, rather beyond what seemed to be indicated by the condition of the pulse and skin during the apyrexia.

The Cholera affecting infants was less fatal than in some former years. Though the heat rose to an almost unprecedented height, during a few days in July, it was not of that long continuance which was observed in the Summer months of 1825 and 1838, when the mortality from this complaint was truly appalling.

Diarrhœa and Dysentery were of comparatively rare occurrence.

The fatal effects of great elevations of temperature, as exemplified in Apoplexies and in what is termed a Stroke of the Sun, were not frequently recorded during this period of the year.

Inflammatory affections of the mucous membrane, constituting the lining of the lungs, and of the passages communicating with the air we breathe, prevail at all seasons of the year. They are, however, of more frequent occurrence at the approach of winter, and from that time until the coming on of the vernal equinox, a season remarkable for vicissitudes of temperature, and for the continuance of cold and wet ground. The exposure to these causes has been supposed to induce a check to perspiration, and a sudden translation to the respiratory organs of the effete matter, which is commonly discharged by the skin. But these complaints sometimes prove epidemic, in seasons when such causes cannot be supposed to operate. In corroboration of this position, many instances might be cited from medical books; but there is fresh in the recollection of every one present, the experience of the epidemic with which we were visited in June and July last, to prove, that mere alternations of heat and cold, combined with a moist atmosphere, can not be deemed the whole causes of these complaints. The subject of that epidemic will now engage our attention.

Early in June, it was currently rumoured, that the inhabitants of New York were suffering from the complaint familiarly known for

some years as the Influenza. On the present occasion, the more popular term applied was Grippe, derived from the French; the language and medical opinions of that nation, being intimately known, and familiarly employed by the professional men of this country. Intelligence, of numbers being affected in New York, had been barely received, when many persons in this city began to complain. Accounts soon reached us, that the disease had spread, in all directions, through the Union. If it be possible to trace any diagnostic feature of difference between this epidemic and the ordinary catarrhs observed in every season of the year, there are so many points of striking resemblance, that to fix the precise period of its introduction among us is impracticable.

In a widely spread epidemic, when large numbers are affected, the mode of attack, the order and assemblage of symptoms, and the violence of the disease, will be found to present a great diversity of character. On persons being observed to sneeze, the salutation often given, was, you have got the grippe. This symptom was not always present, and is often excited by various irritations of the Schneiderian membrane with which the system does not sympathize, the whole uneasiness being removed by the discharge of the offending cause. Few cases, however, occurred, in which this symptom was not observed, in the early stage of the disease. Perhaps, when it was noticed, the individuals already labouring under the constitutional affection, had suffered themselves to overlook the indisposition, or to consider it not worthy of attention.

For the most part, the first signs of indisposition were perceived about the middle of the day, or, more frequently, at the coming on of evening. A sense of chilliness, with crawls in the back and limbs, were experienced as the first indications of the complaint. Severe rigours were sometimes noticed. Some degree of fever soon followed. This was accompanied by pain, generally seated in the forehead, especially about the brow; to this was added an uneasiness felt in moving the eye-balls, with more or less intolerance of light. The pain often extended to the temples and ears. The hearing became dull, and the patient was much annoyed by loud and unusual sounds. A sense of weariness and pain, in a degree resembling rheumatism, was not unfrequently a part of the history given by the sick.

Loss of apetite, more or less thirst, a clammy disagreeable taste, described sometimes as being bitter, often attended the invasion and progress of the disease. In some instances, there was bilious vomiting, and the stomach was often irritated by articles not usually offensive. Whether spontaneous, or excited by art, the vomiting was generally followed by a marked mitigation of the symptoms.

The night was passed in great disquietude, the patient being disturbed with unpleasant dreams. Towards morning, having

enjoyed a longer nap, during which the skin had become moist, the sick usually awoke somewhat refreshed, and entertaining the hope that the disease was subdued. Perhaps this expectation was countenanced by the medical attendant, who often congratulated the patient on the happy influence of the remedies, especially when active means had been employed. The expectations thus formed generally vanished about noon, and if the person had risen, with the intention of prosecuting his ordinary business, or from aversion to confinement, he was soon warned of his imprudence, and was induced to seek that repose and quiet which are only to be obtained in bed.

The bowels, which perhaps had attracted no attention the preceding day, were now observed to be confined. Brisk purging or spontaneous diarrhœa, frequently led to a solution of the disease.

The apyrexia observed in the morning, when not permanent, was often succeeded by rigors, and a renewal and aggravation of the symptoms already described. The regular form of paroxysm, so frequently noticed, has been, by many writers, considered as pathognomonic of influenza or grippe, and as affording the means of distinguishing it from ordinary catarrh. A careful observation of the morbid phenomena, has induced a belief, that this distinction is not, however, founded in fact, and that the term Epidemic Catarrh, employed by the earlier writers, is more appropriate. The more modern names of Influenza and Grippe, though implying a difference, impart no idea of the specific character of the disease.

With the renewed paroxysm of fever, the patient became affected with coryza, if this was not observed at the onset of the disease. To this was sometimes added cough; this symptom often coming on at a later period. This latter occurring, the patient complained of rawness and soreness of the throat, and on the inside of the sternum; occasionally, sharp pains were felt in the side, and in the back and between the shoulders, aggravated by full inspiration, and by every concussion of the cough. The respiratory sound, and the sputum, varied, according as the inflammation was seated in the bronchial tubes, or in the parenchyma of the lungs. Prior to the appearance of the cough, auscultation afforded no evidence of the respiratory organs being affected.

The fever, and the general disturbance of the system, in the milder cases, for the most part, terminated on the third or fifth day. In the severer forms of the late epidemic, the general indisposition was prolonged until the close of the second week. The local affection, as the cough, the soreness of throat, hoarseness, loss of voice, inability to perceive the flavours of food, often continued even for weeks.

Though thousands were effected with this epidemic, the deaths recorded are but few. During June and July only seven deaths are ascribed to influenza. With the view of ascertaining the

influence of the late epidemic on the mortality, the list of interments during these months, and the corresponding period in 1842 have been compared. In June 1842, forty-five persons are reported to have died of inflammation of the bronchia and lungs; and in July, the number is stated to have been fourteen, making in all fifty-nine. In 1843, during the month of June, the deaths recorded, as caused by influenza and the above diseases, amounted to twenty, and in July the deaths from the united causes are stated to have been thirty-two. Taken collectively, the sum is fifty-two. Hence it appears, that the mortality, from such affections, was less during the prevalence of the late epidemic than during the corresponding periods, when it could not have contributed to swell the list.

In the history of the epidemic catarrh, which appeared in London in the year 1762, Sir George Baker relates, that many pregnant women affected with the disease suffered abortion. According to the bills of mortality, for June and July, 1842, the number of still born children amounted to sixty-four. During the same months of the present year, 1843, the number of still-born children did not exceed sixty-one. Believing these data to be correct, the inference is obvious.

Persons who had passed through the disease, even in its milder forms, became, at a subsequent period, affected with severe bronchitis. In some, deemed convalescent, slight exposure brought on an attack of pneumonia. By the usual treatment of these affections, the individuals thus affected have been happily restored to perfect health.

Where the cough was obstinate, dry, and apparently spasmodic, great advantage was derived from the preparations of myrrh.

The regular intermittent form, which was observed after the subsidence of the cough, did not yield to the influence of quinia, as had been expected.

Since the setting in of cold weather, during the last two months, catarrhs have been exceedingly prevalent. Assuming a more inflammatory character, the disease has attracted more attention than during the late epidemic period, and the deaths from pneumonic complaints have been more frequent.

	Temperature.			Range.		Dew Point.			Barometer.		Wind. Number of Days.				Weather. Number of Days.					
1843.	Highest.	Lowest.	Mean.	Highest.	Mean.	Highest.	Lowest.	Mean.	Highest.	Lowest.	North of East.	South of East.	South of West.	North of West.	Clear.	Variable	Cloudy.	Rain.	Snow.	Rain and melted Snow in Inches.
January,	64	14	39	15	7	61	5	32	30.5	29.2	7	2	10	12	6	20	5	6	2	1.44
February,	47	11	27	19	6	42	2	20	30.4	29.3	6	3	7	12	4	13	10	2	5	2.54
March,	37	15	31	20	10	57	3	15	30.3	29.2	7	1	4	19	9	16	6	4	4	4.45
April,	76	30	54	29	12	61	18	43	30.2	29.3	9	3	5	13	4	16	10	6	1	4.72
May,	83	39	61	28	16	65	32	47	30.2	29.6	8	3	10	10	3	22	6	5		2.45
June,	90	40	69	24	16	72	30	59	30.3	29.6	2	2	19	7	3	22	5	6		1.68
July,	98	55	74	26	16	74	39	57	30.4	29.7	4	3	17	7	5	20	6	9		4.84
August,	88	60	74	10	14	74	47	63	30.2	29.8	10	2	11	8	1	26	4	8		9.25
September,	90	41	69	19	10	73	29	53	30.3	29.7	8	1	11	10	3	20	7	5		4.85
October,	73	27	52	27	13	66	25	42	30.3	29.5	3	1	12	15	10	14	7	6		3.22
November,	64	22	42	22	11	36	12	32	30.3	29.4	4	2	7	17	5	17	8	9	2	4.14
December,	47	16	35	16	6	43	8	31	30.5	29.6	8		8	15	2	13	16	8	3	4.04
Average.			52		11				Total.		76	23	121	145	55	219	90	74	17	47.62

Dr. Parrish stated to the College, a case of hydrocele; in which a radical cure had followed the ordinary operation of tapping, performed by puncture with a thumb lancet, and the introduction of a canula, through the orifice.

The patient had been the subject of hydrocele for many years, and had been repeatedly tapped by Dr. P.'s father. Since his death, the Dr. himself had operated five or six times, without the occurrence of any subsequent inflammation; the patient generally pursuing his ordinary avocations, as in health.

In the early part of December last, the operation was performed, as usual, and the patient pursued the same course as heretofore. On the third day after the fluid was evacuated, a slight soreness of the testicle was observed, chiefly at the epididymis, and about the spermatic chord. Leeches were applied, and rest enjoined—but the inflammation progressed rapidly, until the scrotum was very much distended, and the whole gland enlarged and inflamed, though without acute pain, except on motion. The disease pursued precisely the course, which occurs, after the injection of port wine, &c.; the inflammation subsiding at the end of two or three weeks, without any further secretion of fluid up to the present time. Another circumstance occurred, in the progress of the case, worthy of remark. An ointment, composed of grs. x. of iodine to 3 oz. of lard, was rubbed over the scrotum, with a view of promoting absorption. After smart friction over the upper part of the scrotum, inflammation took place, which extended to the cellular tissue, and terminated in mortification, over a surface of the size of a dollar. The sloughing, which ensued, left a healthy ulcer, the cicatrix of which tended to confirm the contraction of the scrotum, and to promote the radical cure; though, it must be confessed, at the expense of a great deal of suffering on the part of the patient, and of anxiety on the part of his medical attendants.

Dr. Hewson, the president, was associated with Dr. Parrish in the management of the case—and in the course of his extensive experience had seen but one instance, in which the radical cure had followed the simple puncture.

Dr. Norris stated the case of an old gentleman, of feeble constitution, upon whom he had operated, several years ago, by simple puncture, in which violent inflammation followed, after a few days, and resulted in extensive sloughing of the scrotum, and death.

Dr. Bond offered some remarks on the different instruments that have been proposed for the removal of the placenta, when retained, in cases of abortion, and presented, for the examination of the College, a forceps, which he had devised for that purpose, and which he considered better adapted to effect the object in view, than either the wire crotchet of Dr. Dewees, or the forceps of Levret, or of Professor Hodge.

The instrument is about ten inches long, curved laterally, on a radius of about twelve inches, and the blades are an inch and a half longer than the handles. The blades terminate in an oval expansion, nearly half an inch wide. The inner edges of the handles and blades, including the oval expansion, are rounded or bevelled off, very much like those of Dr. Bond's æsophagus forceps, so as to preclude all probability of wounding or pinching any of the surrounding soft parts. The inner portion of the oval expansion is made concave and rough, so as to maintain a secure grip upon the body embraced. The Doctor did not consider these precise dimensions, as to length and curvature, to be essential, but that probably they would be found those most convenient.

Some suggestions were made by Dr. B. H. Coates, in reference to a slight improvement in the form of the instrument presented by Dr. Bond.—And some very interesting and important cautions were offered by Dr. Bell, in regard to the hasty and incautious use of obstetrical instruments generally, but more especially when, as after abortion, the condition of the os uteri, and of the uterus itself, was such as to render them, in the hands of the unskilful, particularly liable to produce serious and often irreparable injury.

Dr. Bond stated that he fully concurrred with Dr. Bell, in regard to the importance of a cautious use of obstetrical instruments; and in his opinion, a prominent fault in practice at the present time is, the too frequent and unskilful use of the forceps, speculum, pessary, &c. One principal object aimed at in the construction of the forceps offered this evening was to avoid all injury to the soft parts, especially to the os uteri.

Dr. Beesley had seen cases of retained placenta after abortion, in which he considered the immediate removal of the placenta as all important. He confessed, that he had been foiled in his attempt to effect this by the hook of Dewees, but he had, a few evenings since, in a case of abortion, resorted to the instrument devised by Dr Hodge—which he found to be very readily introduced, and to extract the placenta without much difficulty. He had no doubt, however, that the forceps exhibited this evening by Dr. Bond, would prove a very valuable addition to the obstetricion's case of instruments.

Dr. Griscom inquired, whether, in cases of retention of the placenta after abortion, the effects of ergot had been fully tested.

Dr. Bond stated that he had used it in several cases, but he could not say with any very decided or permanent advantage. He considered its effects so uncertain that he should place no reliance on it.

Dr. Wood wished to know, whether in the cases in which the ergot had been used, it had produced any effects, any pain of the loins, sickness of stomach, or symptoms of narcotism—for very often the article is found to be perfectly inert—and its true effects can only be tested by trying different parcels.

Dr. Condie remarked, that in many cases of hæmorrhage after abortion, with retention of the placenta, the safety of the patient required the immediate arrest of the hæmorrhage, and that this could seldom be effected until the placenta was removed. It was in these instances that a proper instrument was a desideratum. He had tried the hook of Dewees, but had seldom succeeded in bringing away with it the placenta. He was convinced, that the forceps presented by Dr. Bond this evening, would prove a far preferable instrument. In regard to ergot, he had repeatedly resorted to it, when the placenta was retained after abortion, and although he had seen it often restrain the hæmorrhage for a short time, he had, in no instance, succeeded in causing by it the expulsion of the placenta; the experience of his friend, Dr. Bell, in regard to the article, he believed was similar to his. Dr. Condie had taken every precaution to obtain efficient ergot, in the cases in which he had employed it. The doctor further remarked, that while, by different European writers, the ergot is described as exciting, in every instance in which it is given in a sufficient dose, the contraction of the uterus, and thus causing the expulsion of its contents, at almost any period of utero gestation, he cannot say that he has, in any instance, found it to cause contractions of the muscular fibres of the uterus, unless such contractions had already commenced; when the administration of the ergot would, very generally, increase their force and frequency. He had certainly never seen abortion induced by it. He had known it, in two cases, that became the subjects of judicial investigation, to be resorted to for that purpose. In one of these cases, it was proved, that sixty-four drachms of ergot, procured, in portions of from tweny to thirty grains, from different druggists, had been taken within a few weeks, but without causing the expulsion of the fœtus. Such, the doctor observed, were the results of his personal experience in relation to the effects of ergot, and he felt it his duty to state them, without, however, desiring to impugn the accuracy of the counter statements, made by various European writers. How this discrepancy of results, in regard to the effects of the article were to be accounted for, he did not pretend to say.

Dr. B. H. Coates remarked, that he felt inclined to coincide in the views expressed by Dr. Condie, in regard to the action of ergot —that it would increase the force and frequency of the uterine contractions, but would not bring them on—and he would inquire, whether it was well ascertained, that the ergot of Europe was actually the same as that of this country. It was well known that there was a difference between several of the fungi of the two countries, and there might probably be in this. He believed, that the same deleterious effects from the use of rye, containing ergot, that are described as occasionally affecting whole communities in Germany and France, had never been observed in this country; and this circumstance, as well as the difference between the statements made

in relation to the effects of ergot upon the uterus, by the physicians of Europe, and those expressed by some of the Fellows this evening, might probably be explained by a dissimilarity in the nature of the European and American ergot.

Dr. Wood stated, that he had not the least doubt, judging from the descriptions and drawings that have been given of the ergot of Europe, that it was precisely the same as that of this country. The ergot did not appear to be, strictly speaking, a fungus. It had been ascertained, by microscopical examinations, that the change in the grain of rye was produced by an insect developed in the germ of the plant, and by which the exterior of the seed was covered, and its substance pervaded, by a filamentous substance, somewhat resembling the web of the spider, and until it is ascertained whether the same is true in regard to the ergot of this country, the identity of the two could not be positively asserted. The different results in regard to the effects of the article in the production of uterine action, was to be attributed, he suspected, in a great measure, to the difference in its active properties—it is well known to be often perfectly inert. This deficiency of active properties, is supposed, by some, to result from its being collected at improper seasons, as after a rain, by which it is said, the filamentous envelope, upon which its peculiar properties depend, is washed off. But in the accuracy of this opinion, the doctor remarked, he had little faith.

The circumstance of the poisonous effects of rye, when used as food, not being experienced in this country to the same extent as in Europe, may probably be owing to its not being so liable in the United States to become ergotised. Large fields of rye will often not afford a single grain of ergot, and others but a very few.

Dr. Bell suggested, also, that the rye did not constitute, so exclusively, the diet of the people in any portion of the United States, as it did in many parts of Continental Europe.

NOTICE.

Individuals, not members of the College, may be supplied with the numbers of the Quarterly Summary of its transactions, at the Store of J. G. Auner, No. 333 Market street, Philadelphia, at the rate of twenty cents for each number.

SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

MARCH TO OCTOBER, 1844, INCLUSIVE.

Stated Meeting, March 5th, 1844.

Dr. Hewson, *President,* in the Chair.

Present, fifteen members.

Dr. Condie presented and read the "Annual Report on the Diseases of Children," as follows:

In the account he is called upon to render to the College, of the various facts and observations in reference to the pathology and treatment of the Diseases of Children, that have been furnished to us during the past twelve months, your Committee regrets that he is able to present so few of an important and interesting character.

The investigation of the several maladies incident to the earlier periods of existence has not, however, been entirely neglected—on the contrary, much has been done calculated to increase, in many particulars, our acquaintance with the true character and diagnostic phenomena of the diseases of infancy and childhood, and to enable us to act more successfully in their prevention and cure.

The correct pathology of pneumonia as it occurs in infants, was but little understood until the attention of the profession became directed to the subject by the observations of Drs. Gerhard, Rufz, Billard, Valleix, Rilliet, Barthez, and others—and, even now, not a little difference of opinion exists in regard to the exact character of the disease as it occurs previously to the fifth year. Many, with Gerhard, Rufz, Billard, Becquerel and others, maintain that it is then almost invariably lobular—that it occurs only in infants that are exhausted by previous disease, or who are placed under unfavourable hygienic conditions, and that, instead of being produced by the or-

dinary causes of inflammation, it is the result of a change in the composition of the blood, in consequence of which this gravitates towards the inferior lobules of the lungs, where it produces congestion and inflammation, terminating in an induration of their substance similar to hepatization. Other pathologists however, of equal authority, maintain, that, even in infants under five years of age, lobar as well as lobular-pneumonia occurs frequently as an idiopathic disease, and from the same causes as give rise to pulmonary inflammation in older patients.

During the past year, Dr. Charles West, of London, has published a very valuable paper on this subject.

Of 118 cases of idiopathic pneumonia, occurring in children under ten years of age, which came under the notice of Dr. West, at the London Infirmary for Children, during the years 1841 and 1842, thirty-three were in infants under one year—seventy-seven in those between one and five, and eight in those over five years of age.

According to the observations of Dr. West, the period of infancy at which pneumonia is most prevalent, coincides exactly with that during which the process of dentition is going on most actively; namely, from the sixth to the eighteenth month. As to the influence of age upon the production of secondary pneumonia, although Dr. W. is not in possession of such facts as could be presented in the numerical form, yet his decided impression is, that it is nearly the same as in idiopathic pneumonia, and the observations of Rilliet and Barthez, are favourable to this opinion.

Sex would appear to have but very little influence in predisposing to an attack of pneumonia; of the 118 cases observed by Dr. West, 65 occurred in boys, and 53 in girls.

Many of the French physicians enumerate among the most prominent of the predisposing causes of pneumonia in children, previous disease or a state of ill health from any other cause. In 33 of Dr. West's cases, the previous condition of the patient was ascertained, and found, in 25 to have been good, in seven delicate, and in one, only, decidedly bad.

In a large number of the cases that have fallen under the notice of your committee, the pneumonia certainly occurred as a primary disease, in children enjoying apparently the most perfect health.

Dr. West regrets his want of sufficient data to state, with perfect accuracy, the proportion of cases of different diseases in the course of which pneumonia supervenes as a secondary affection. It is his belief, however, that without reckoning bronchitis, the influence of which will be presently considered—the chief affections in the course of which inflammation of the lungs is most liable to occur, may be ranged in the following order—measles, hooping cough, diarrhœa, and remittent fever. He confirms the statement which has been made by others as to the unfrequency of pneumonia in the course of scarlet fever, though it is by no means unusual in the

course of the subsequent dropsy. In the few instances of small-pox which have fallen under his care, he has, in common with other observers, found inflammation of the lungs to be a most frequent and fatal complication.

Dr. West has not found pneumonia to be so frequent a consequence of bronchitis as some pathologists have supposed. Of fifty cases of idiopathic inflammation of the lungs, in which the mode of attack was carefully noted, in fifteen only, was it preceded by catarrhal symptoms. The frequency of catarrh as a prelude to pneumonia, he found to be the greatest while dentition is going on—that is to say, during the first two years of life.

Lobular pneumonia, however, particularly when it occurs in young infants, Dr. West is inclined to believe is, as supposed by many of the recent French observers, very commonly the result of the extension of inflammation from the bronchi to the substance of the lung; a theory which would explain many of the peculiarities that distinguish it from lobar pneumonia. Its greater prevalence during infancy and early childhood than subsequently, may perhaps be accounted for, in accordance with this view, by the extreme frequency of catarrh among young children, and by the fact that, in the greater number of cases, hooping cough and measles, in which diseases also lobular pneumonia is very liable to ensue, occur before the commencement of the second dentition.

Pneumonia in children, according to the observations of Dr. West, is very liable to recur in the same individual. Of seventy-eight children who came under his care for inflammation of the lungs, thirty-one were stated to have had previous attacks of the disease:—21, once; 4, twice; 2, four times; and 4 were said to have had it several times, though the exact number of seizures were not mentioned. Of these thirty-one, ten were under 2 years of age, ten between 2 and 3, and the remaining eleven were between 3 and 6. Excepting in a few instances, these statements are necessarily founded on the reports of the mothers of the children, or of other non-professional persons, and are, therefore, open to error; but, at any rate, they approximate to the truth, and may the more readily be trusted from their coincidence with the facts published by M. Grasolle, in his work on pneumonia.

Dr. West presents, in a tabular form, the general results of thirty-seven post-mortem examinations of children who died of pneumonia; the morbid appearances being arranged under the heads of Lobar, Lobular, or Vesicular pneumonia, according as one or other form of inflammation predominated.

Of these thirty-seven cases, 22 were lobar; 11 lobular, and 4 vesicular.

Of the twenty-two cases of lobar pneumonia, 2 were in children under one year of age; 9 in children between one and two years old; 8 in children between two and five years, and 3 in children over five years of age.

Of the eleven cases of lobular pneumonia, 1 was in a child under one year of age; 4 in children between one and two; 4 in children between two and five, and 2 in children over five years of age.

Of the four cases of vesicular pneumonia, 1 was in a child between one and two years of age; 2 in children between two and five, and one in a child over five years of age.

Of the twenty-two cases of lobar pneumonia, 18 were idiopathic.

Of the eleven cases of lobular pneumonia, 5 were idiopathic; as were, also, three of the four cases of vesicular pneumonia.

The first conclusion, as Dr. West very correctly remarks, which may fairly be deduced from the foregoing data is, that lobar pneumonia attacks children much more frequently, in comparison with the other forms of the disease, than has been supposed by many of the French and other writers; and that differences of age do not occasion such a liability to the one form of inflammation of the lungs, and such an immunity from the other form as would be inferred from their statements. Of twenty-two post-mortem examinations of cases of lobar pneumonia, 17 were, as we have seen, of children under five years of age, and 11 of children under two, while 2 of the post-mortem examinations of cases of lobular pneumonia were of children between the ages of six and seven.

A most striking difference between the two classes of cases, appears in the fact that five of the cases of lobular pneumonia supervened on the hooping cough, and that in another instance, the disease complicated an attack of measles which succeeded to croup. In the remaining five cases, indeed, the disease is said to have been idiopathic, but even in these the bronchi were found either greatly injected or containing a very abundant secretion in their cavities;—indicating the co-existence and probable precedence of bronchial inflammation.

Dr. West suggests whether it is not probable, that in some of the cases of lobular pneumonia described by the French pathologists as so frequently occurring in young infants whose vital powers have become impaired by preceding disease, or by impure and stagnant air, bad or improper nourishment, or a general neglect of hygienic influences, that condition of the lungs of new-born children, depending on their imperfect expansion and permeation by the air at birth, described by Jörg under the name of Atelectasis pulmonum, may not have been mistaken for the effect of inflammation.

The condition of those children, Dr. West remarks, who are admitted into Foundling Hospitals, is precisely such as most frequently gives rise to this affection; and as Hasse has shown, in his elaborate work on morbid anatomy, the symptoms noticed during life, and the appearances found after death, in many of the cases described as pneumonia by the French writers, are exactly such as characterize atelectasis pulmonum.

It would occupy too much space, in a report like the present, to

notice the very judicious and interesting observations of Dr. West in reference to the symptoms, physical signs, and treatment of the pneumonia of children; or his excellent description of the morbid appearances detected after death, in the several forms of the disease. We think it proper, however, to present his remarks in reference to some of the errors of diagnosis, into which the careless and inexperienced practitioner is most likely to fall.

There are, according to Dr. West, two stages of pulmonary inflammation, at each of which there is considerable danger of mistaking it for some other disease; namely, just at its commencement, and after it has existed for some considerable time.

Pneumonia in children, may, in its early stage, be mistaken for incipient hydrocephalus. The vomiting, pain in the head, restless nights with occasional wandering in sleep, and the constipated state of the bowels common to both diseases, lead to this error. The cough, in some cases of pneumonia, is so slight as scarcely to be noticed; perhaps no catarrhal symptoms ushered in the disease, and, not unfrequently, the child's complaints are of his head, and of nothing else. But still, there are circumstances, which, wholly independent of auscultation, would lead the careful observer to discriminate accurately between hydrocephalus, or cerebral hyperæmia, and pneumonia. The vomiting in hydrocephalus, is extremely frequent in its recurrence, the stomach immediately rejecting even the blandest fluid, and the matters vomited often have a greenish tinge, and this irritability of the stomach sometimes continues for days. The sickness in pneumonia resembles that which sometimes ushers in an attack of fever—it is violent, but does not, in general, continue long. The bowels are constipated in both diseases, but the evacuations of a hydrocephalic patient are either white from the entire absence of bile, or more frequently of a dark-mud color. The tongue in hydrocephalus is usually less furred—it is always of a less vivid hue; the pulse, though frequent, has not the character of fullness; the heat of the skin is far less—the thirst is absent. If these indications, however, be overlooked at the commencement of the attack, and if auscultation, by which the error might still be set right, be neglected, it is probable that each subsequent phenomenon will be misinterpreted, and that the real nature of the disease will not be understood, until it is revealed by the post-mortem examination. More or less sympathetic affection of the head is seldom wanting in pneumonia, to confirm the preconceived, erroneous notion; while, as the child grows worse, the difficulties in the way of making a careful auscultation increase. Convulsions, too, sometimes come on, and, for days before the fatal termination, the cerebral symptoms may be far more prominent than those indicative of the affection of the lungs.

Pneumonia may likewise be confounded with peritonitis or enteritis. The general febrile symptoms are common to both diseases—the little patient complains of pain in the abdomen, and cries, or

shows signs of uneasiness if pressure is made on the abdomen. The tongue is red, and, in young children, it often becomes dry from their lying with their mouth open; and poultices and leeches give at least temporary relief. It should, however, be borne in mind, that while pneumonia is a very common disease in childhood, acute peritonitis is one of very unusual occurrence. The child, too, does not select his posture with that great attention to guarding the abdomen, which he would display, if actually laboring under peritonitis. With reference to the complaint of pain in the abdomen, and its intolerance of pressure, it is of importance to remember, that the statements of children with reference to the seat of pain are very vague, and that they frequently speak of pain in the belly when they mean the chest; while the impediment to the descent of the diaphragm occasioned by pressure on the abdomen, especially if this pressure is either sudden or considerable, will almost always excite expressions of uneasiness when the organs of respiration are in any way affected.

Perhaps, observes Dr. West, pneumonia is never so frequently overlooked as when it comes on in children during teething. It often happens among the poor, that these cases are not brought to the physician until after the inflammation of the lungs has been proceeding for some days unchecked. Its early symptoms have probably been regarded merely as the catarrh which is incidental to children when cutting their teeth; and thus the parents, and sometimes also the medical attendant, allow the time for action to pass by unused. The disease, in this case, sometimes runs a chronic course, and its nature is further obscured by the tendency to diarrhœa which exists during dentition, and which is now excited by the thoracic affection. This often becomes the most striking symptom, and all means are employed to suppress it, and to check the vomiting by which it is generally attended. These efforts, however, are unavailing—the child wastes daily, and its skin hangs in wrinkles about its attenuated limbs, while the abdomen becomes tumid from the collection of flatus in the large intestines, and tender on pressure, and the tongue grows red, dry and chapped, or covered with aphthous ulcers. The cough now perhaps attracts notice, but its occurrence serves only to console the physician with the belief that these symptoms have depended on phthisis, and that he has failed to afford relief because the disease was in itself irremediable. At last the child is worn out, and dies, and great is the surprize to find no tubercle in any part of the body —no disease in the intestines—but pneumonia with purulent infiltration in both lungs; a disease which ought to have been detected, and which probably might have been cured.

Your committee trusts he will not be accused of occupying unnecessarily his report with the foregoing observations of Dr. West, in reference to some of the difficulties which not unfrequently occur in the diagnosis of pneumonia in children. By the physician who is aware of the obscurity in which the phenomena of many of the more

important of the diseases of children, and especially inflammations of the substance of the lungs are involved, every additional observation calculated to facilitate the diagnosis of these affections, will be duly appreciated.

A very valuable contribution has been made, during the past year, to the pathology of the diseases of the brain in childhood, by the publication of the observations of M. Legendre, on the Cerebral Hæmorrhage of Children. The frequency of effusions of blood upon the superfices of the brain at different periods, from birth up to puberty, had been previously pointed out by several of the European pathologists, but it is to Legendre that we are chiefly indebted for our knowledge of a form of hyperæmia, and subsequent sanguineous effusion upon the surface of the cerebral hemispheres within the arachnoid cavity, peculiar to this period of life.

It generally occurs in children between one and two years of age, and is seldom observed after the third year.

The attack may commence with repeated paroxysms of convulsions, or with the phenomena of encephalic inflammation; in numerous instances the disease has unquestionably been mistaken for acute hydrocephalus.

In the first stage of the disease, the symptoms are usually those of severe febrile excitement, which continue throughout the attack; augmenting in intensity as death approaches. The pulse is, at first, from 100 to 106, and soon increases to 120 or 140 in the minute, and, in the advanced stage of the disease, it is so rapid as scarcely to be counted. Slight convulsive movements, particularly of the eye-balls, followed often by some degree of strabismus, are of early occurrence. There is, occasionally, but not very frequently, vomiting, and the bowels seldom exhibit any derangement either in the frequency or appearance of the stools.

The child often carries his hands continually, but apparently unconsciously, to his head, and exhibits other indications of pain or uneasiness of that part. There soon occur permanent contractions of the feet and hands, followed by convulsive movements of one of the upper extremities, of one side of the body or of both sides, but to a greater extent on one side than on the other. The convulsions are either of a tonic or clonic character. During the convulsive paroxysms, sensibility and consciousness are abolished, and there is increased turgescence with coloration of the face. The convulsions usually cease after a few minutes, and the patient remains in a drowsy state, which becomes more confirmed as the disease progresses.

The convulsive paroxysms occur, at first, after irregular and somewhat prolonged intervals, but become gradually more frequent, and towards the termination of fatal cases, they become almost constant—or, the patient is affected with a continual tremor, and

momentary convulsive paroxysms attended by an injection of the face, and acceleration of the pulse and respiration. In no case has paralysis been observed during the acute stage. Death, when it occurs, usually takes place at the end of eight or twelve days, and very frequently in consequence of the supervention of thoracic inflammation.

When the disease assumes a chronic form, the convulsive paroxysms abate in frequency and violence, or cease entirely—the febrile symptoms diminish in intensity, and finally disappear—while the cranium gradually increases in size, and often attains to a very considerable bulk—the sutures and anterior fontanelle remaining open, and the parietal projections as well as the forehead acquiring a very considerable prominence. In many cases the patient is affected with strabismus, and his countenance assumes a vacant expression; the pupils are usually dilated—the dilatation being equal in both eyes.—Vision, M. Berard remarks, is occasionally destroyed—but, according to the observations of M. Legendre, by no means very frequently.

As the head augments in bulk, most commonly the intellect of the patient is diminished, and may, finally, become extinct. In general, however, according to Legendre, it is only weakened—the patient becoming partially idiotic.

The movements of the body are seldom entirely destroyed—the patients continue to roll their heads continually upon the pillow, or when seated, rock incessantly their bodies from side to side; occasionally they strike violently their head with the clenched fist, or dash it against the sides of the cradle. Grinding the teeth is a common symptom, and in one of the cases referred to by Legendre, the patient, who exhibited the physiognomy of an idiot, tore off with his teeth portions of his garments and bed clothing, which he swallowed.

Cutaneous sensibility is not impaired. In no case has any indication of partial paralysis been detected. The patients usually eat and drink with avidity whatever is presented to them. The bowels are ordinarily constipated.

This chronic form of the disease is commonly very protracted, lasting for eight, or even thirty months—death seldom takes place, excepting upon the occurrence of some accidental disease unconnected with the cerebral affection.

Cerebral hæmorrhage in children is not necessarily fatal. It may be entirely subdued in its acute form by an appropriate treatment.

When the effusion of blood is small in quantity, it may very probably be entirely removed by absorption; but when to a considerable extent, it becomes, sooner or later, surrounded by an organized cyst, and the case acquires a chronic form. Even under such circumstances, however, it is possible, M. Legendre remarks, for the effused blood to become gradually absorbed, and the cyst in which it was contained to be finally obliterated. The cranium may then

contract in size, and the fontanelles and sutures become completely ossified, and the normal movements and sensations of the body be fully regained. Very generally, however, some degree of fatuity or idiocy remains.

When death occurs in the acute form of the cerebral hæmorrhage of children, the appearances upon dissection are, either a simple effusion of bloody serum, or, more generally, of boody serum containing small, thin, reddish clots of blood, the whole enclosed in a kind of sac, formed by a soft delicate membrane attached to the lower surface of the arachnoid. The effusion invariably takes place within the arachnoid cavity. In the sub-arachnoid cellular membrane, and in the ventricles, there generally exists a small quantity of perfectly limpid, or light citrine colored serum. The effusion most commonly takes place upon the surface of both hemispheres—it is occasionally, however, confined to one only, and according to the observations of Legendre and Boudet, it rarely occurs upon the cerebellum. The coagula are usually very thin, from two to two and a half inches in extent; soft, and of a bright red color when recent, but become subsequently brownish or greenish, and gradually increased in density. They may exist on a level with the anterior and middle fossæ of the brain, but more generally take place, only, upon the upper surface of the hemispheres. They are invariably enclosed within a reddish, elastic, soft, delicate membrane, but of some degree of firmness, and about one twelfth of an inch in thickness. This membrane may be detached from the under surface of the arachnoid, in small shreds; it always becomes firmer and more elastic the longer the effusion has existed. Most writers refer its production to a mechanical separation of the fibrous portion of the effused blood, which, deposited on the under surface of the arachnoid, becomes gradually organized—the first vestiges of organization, according to Baillarger, presenting themselves about the fifth day after the effusion has occurred.

The veins upon the surface of the hemispheres are occasionally gorged with blood—and their cortical substance of a very bright reddish grey. The incised surface of the brain becomes quickly studded with numerous bloody points. According to Legendre the convolutions are not sensibly flattened, nor the brain in a state of hypertrophy—it is stated by Berard to be, in some cases, even reduced in size; this M. Legendre believes to be a mistake. Not the slightest trace has been detected in any case, of grey, semi-transparent granulations of the pia matter, throughout any portion of its extent—nor the least appearance of tubercular deposition in any part of the brain.

In the more chronic cases, the coagula are always found inclosed in a true organized cyst, with thin transparent parietes, which adheres intimately to the lower surface of the arachnoid, by means of a very fine, delicate cellular tissue, that is very easily torn, and permits the cyst to be detached entire. The cyst, according to MM.

Legendre and Baillarger, has no attachment to the surface of the brain, excepting by vessels which pass over it to the latter. The cavity is at first single, but becomes subsequently, by the approximation of its sides at different points, divided into a number of cells. There is generally, however, M. Legendre remarks, one triangular cavity, of one or two inches in length, extending along the falciform process of the dura mater. The cyst generally contains a large amount of brownish turbid serum, in the midst of which float filaments of a soft, somewhat elastic, greyish red substance, having a close resemblance to fibrine. Occasionally, the cyst contains a quantity of soft, red coagula.

In the majority of cases, the hæmorrhage of the brain is the result of a simple exhalation from the vessels, the result of repeated recurrences of cerebral hyperæmia. It is very seldom the result of the rupture of a blood-vessel. When the effusion of blood is produced by the latter, death takes place almost immediately—the blood is unmixed with serosity, and there is no trace of an organized membrane surrounding it.

Considerable attention has been recently directed to the investigation of the pathology of cyanosis. The difficulties attendant upon the ordinary explanation of its production by the non closure of the foramen ovale at or soon after birth, and the consequent admixture of the venous and arterial blood, had been already pointed out by numerous writers on the disease.

It has been denied by Cloquet, Louis, and others, that any admixture of the blood of the right and left cavities of the heart, even if this were alone sufficient to account for the phenomena of cyanosis, can take place notwithstanding the foramen ovale should continue open—so long as the communicating cavites are of equal strength, and provided all the orifices are free. The non closure of the foramen ovale, it has been maintained, by Louis, Frank and other more recent observers, is the result of the contracted dimensions of the pulmonary artery which is so frequently met with in those infants who have perished from cyanosis—and the constant state of over distention that is, in consequence, kept up in the right cavities of the heart.

In a paper contained in the Edinburgh Medical and Surgical Journal, for October, 1843, this point is very fully considered by Dr. Cragie. The Doctor states, that from the facts of the case related in the paper referred to, and of several others, he is satisfied of three circumstances, namely,—*first*, that the open state of the *foramen ovale* is rarely a primary and solitary lesion; *secondly*, that when it is a solitary lesion it is not injurious, nor is the venous blood of the right auricle thereby necessarily mixed with the arterial blood of the left auricle; and *thirdly*, that, in opposition to what has been hitherto usually taught, the open state of the *foramen ovale* is, in a large proportion of cases, the means of prolonging life.

However paradoxical, remarks Dr. Cragie, the latter conclusion may seem, and however opposed to the usually received dogmas, it flows almost directly from the facts which may be traced in every case of open *foramen ovale*. It is not, in fact, the primary lesion. From the phenomena of the cases recorded, on the contrary, and from the frequency of the arctated or contracted state of the pulmonary artery, it must be inferred, that the primary lesion is the obstructed state of that artery, and that this determines not only the open state of the *foramen ovale*, but the hypertrophy of the right ventricle. This is the result, whether the pulmonary artery is only greatly narrowed in calibre, or terminates in a *cul de sac*, or is obstructed by a membranous partition formed by a coalition of the semilunar valves.

The effect of such an impediment is manifest. The blood cannot pass into the pulmonary artery with the requisite freedom and facility. There is, consequently, over-distension, *first* of the right ventricle, and excessive labour of its muscular apparatus; *secondly*, of the right auricle, and excessive labour of its muscular apparatus, with extreme dilatation of its membranous portion; *thirdly*, over-distension and congestion of the whole venous system all over the body. The lungs, meanwhile, receive little or no blood, and, consequently, the blood is not duly aërated. This is doubtless an evil and a great one. But Bichat has obscurely suggested, and Dr. Williams and Dr. Kay have clearly shown, that dark-coloured blood, or that which is venous, is adequate to maintain vital action. It is, indeed, a less evil, and more tolerable than total obstruction in any of the large vessels, and especially in a vessel like the pulmonary artery. Every thing that we now know of these cases shows, that the obstruction to the circulation through the pulmonary artery must be the main cause of the short and transitory existence of persons labouring under this severe lesion; and that the open state of the *foramen ovale*, instead of being, as William Hunter and other authors imagined, a cause of death, furnishes the only means by which life can be prolonged, while a function so important as that of the circulation through the lungs is impeded.

Dr. Cragie considers himself further entitled to infer, from various facts in the history of the development of the ovum, that the obstructed, or, it may be, the undeveloped state of the pulmonary artery, is the anatomical cause of the perforated septum, and of the origin of the aorta from the two ventricles when that malformation is observed.

It would lead to some curious and interesting results to inquire by what means the impeded function of the lungs is in these cases compensated; for that it is compensated by the action of the skin and other membranes, can scarcely be doubted. But this would lead into a field too extensive for consideration at the present time.

Numerous cases are on record which fully prove that an open

state of the foramen ovale, alone, is incapable of producing cyanosis. The following, related by Mr. H. J. Johnson, to the Westminster Medical Society, is noticed in the London Lancet for February, 1843:

The patient, an adult female, was admitted into St. George's Hospital, with intractable ulceration of the leg. Her complexion was remarkably dingy, but not at all cerulean. She died of erysipelas. Upon a post-mortem examination of the body, the foramen ovale was found so distended as to admit two fingers being passed through it from one auricle to the other. The heart was large, flabby, and somewhat dilated. Mr. Johnson believes, that an open condition of the foramen ovale is productive of no serious consequences unless accompanied by some malformation. In the case related, there was no symptom during the life time of the patient from which its non-closure could be inferred.

Another case is related in the Archives Generales de Medicine for February, 1843, in which the heart consisted of only two cavities, an auricle and ventricle, but without giving rise to cyanosis. The patient, a child in the Foundling Hospital, at Paris, was observed to be often affected with considerable difficulty of breathing, and a quick dry cough; when it drank especially, a state threatening suffocation ensued. The child was externally well formed and large. It died in eleven days, apparently of umbilical phlebitis.—Upon dissection, the heart was found to be bag-shaped, being rounded at the part which should have constituted the apex, and to consist of only one auricular and one ventricular cavity. Viewed from the front, the pulmonary artery was entirely hidden by the aorta, which originated from the right and anterior portion of the ventricle. There were two well formed auricular appendices, though only one auricle. A line extending obliquely backward, from right to left, along the base of the ventricle, would have crossed, first, the orifice of the aorta, next that of the pulmonary artery, and lastly, the auriculo-ventricular opening. The spleen was large, but no other of the viscera, nor any portion of the circulatory apparatus, excepting the heart, presented any thing abnormal. No cyanosis had been noticed during the life of the patient.

It appears, by a notice in one of the Austrian Medical Journals, that Dr. M. Von Katona, of Borsoder, in Hungary, has tested, in a large number of cases, the efficacy of innoculation in Measles. In a very malignant and wide spread epidemic of measles, which prevailed during the winter of 1841, the Doctor innoculated 1122 persons with a drop of fluid from a vesicle, (?) or with a drop of the tears of a patient affected with the disease, the fluid being inserted in the same manner as the virus in vaccination. The innoculation succeeded in about ninety-three cases in every hundred in which it was performed, producing a mild attack of measles. A red areola at first, formed around the puncture at which the fluid was inserted,

but soon disappeared; on the seventh day fever commenced, with the usual prodromi of measles; on the ninth or tenth, the eruption made its appearance; on the fourteenth, desquamation commenced, with decrease of the febrile symptoms, and by the seventeenth, the patients were, very generally, perfectly well. In none did the disease terminate fatally.

In a recent number of Hufeland's Journal, M. Lichtenstein has published a very curious paper on the anti-variolous properties of the pustules produced by the application of tartar emetic to the skin. M. Lichtenstein's attention had been excited by the similarity of appearance between the small pox and tartar emetic pustules, and he was, in consequence, led to make some experiments on the properties of the latter.

The clear lymph taken from the pustules produced by friction with tartar emetic ointment, was introduced, in the usual manner, underneath the epidermis of persons who had not been vaccinated. The result was, the production of pustules at the place of insertion, which it was impossible, according to M. Lichtenstein, to distinguish from those produced by the vaccine virus. The lymph of the pustules thus produced was innoculated from individual to individual, and gave rise, in every instance, to pustules of the same form, and accompanied by the same phenomena. Since the year 1835, M. Lichtenstein states, that he has practised thirty-one innoculations and re-innoculations with the matter from the tartar emetic pustules. The persons thus vaccinated were placed in immediate contact with individuals affected with small pox, during an epidemic of that disease, but all escaped infection.

These are certainly very curious and unexpected results--but notwithstanding we have no reason to doubt the veracity of M. Lichtenstein, or the accuracy of his observations, his statements will require to be confirmed by further experiments, before we can receive them as established facts.

Dr. P. Hennis Green has published, in the Provincial Medical Journal, for September, 1843, some highly interesting observations on the subject of hæmoptysis in the phthisis of childhood, with an account of eight cases which fell under his observation.

Sir James Clark, in his work on Consumption, observes, that "hæmoptysis is a rare symptom in any of the forms of pulmonary phthisis occurring in childhood; and he does not recollect to have met with any case in which it was present. The infrequency of hæmoptysis in children must be a fact familiar to every observing practitioner. Children are, however, by no means exempt from pulmonary hæmorrhage; we have, ourselves, repeatedly observed its occurrence as an accompaniment of phthisis at this period of life. In a series of one hundred and eighteen cases of pulmonary tubercle in

children, observed consecutively and within the same year by Dr. Green, with the object of forming a groundwork for the history of phthisis in children, he saw, he states, " only five examples of hæmoptysis, although a few other cases presented themselves, in which the parents or patients alleged that spitting of blood had occurred at some period previous to the child's admission into the Hospital. In seventy other cases, observed, not consecutively, but at different periods, hæmoptysis did not occur once, at least while the patients were under observation. Dr. Green remarks, that the absence of hæmoptysis, may in part be accounted for by the circumstance, that children—especially those of tender years—do not expectorate, but swallow every thing which comes up into the mouth from the pulmonary mucous membrane. Mr. Murdoch relates a striking example of this fact in his thesis. A child, two years old, died suddenly, from the rupture of a blood vessel which traversed a tubercular cavity in the right lung. A very small quantity of blood had been discharged through the mouth, for the child had swallowed the greater part of it, and on examination after death, the stomach, and upper portion of the small intestines, were found full of enormous clots of blood, which were moulded over their internal surfaces.

Two cases somewhat similar to the above have fallen under our own notice.

Dr. Green notices, in the paper referred to, a form of pulmonary hæmorrhage which is peculiar to children, and invariably and instantly fatal. It occurs in cases of bronchial phthisis, and results from the perforation of one of the large vessels of the chest by a tuberculated bronchial gland. Sudden death may thus occur from perforation of the pulmonary artery; of which he has seen one example. In a second case, the artery was so completely flattened between two masses of the bronchial glands, that the passage of blood was interrupted, and death took place as from disease of the heart.

In the London Medical Gazette, for September, 1843, we are presented, by Dr. A. L. Wigan, with the account of a new treatment of tinea capitis, which is described as prompt in its effects and uniformly successful.

Unless the quantity of hair on the head is exceedingly small, and offers no obstacle to the complete examination of the skin, the head is to be very carefully shaved twice. This is all important, according to Dr. Wigan, for he remarks, with a moderate quantity of hair covering the scalp, parts that have been infected may gradually progress to a visible disease, whilst the whole attention is directed to those in which the disease is already apparent. The Doctor does not, however, object to a narrow circlet of hair being left around the face, if there be no sign of disease apparent in it, and if it be carefully washed with hot common vinegar. This is a concession, he re-

marks, to parental vanity which may be safely made, and without which, sometimes, it would be impossible to obtain confidence.

Dr. Wigan's remedy is the pyroligneous or concentrated acetic acid. In its first application he uses it diluted with three times its weight of water. With this the whole surface of the scalp is washed—when a number of spots, which looked perfectly healthy, become red patches—an indication that these parts had been infected, but without the disease having gone through its stages—which Dr. Wigan believes, after great experience, to require a space of eight days.

The whole extent of the disease being thus determined—with a piece of fine sponge tied to the end of a stick, or held in a pair of silver sugar tongs, each spot is to be thoroughly imbued with the concentrated acid, for the space of three or four minutes, when, according to Dr. W., the disease will be fully arrested. He has often applied the acid more than once, but he firmly believes that the second application is unnecessary in every case in which the scalp has been shaved, and the extent of the infection tested by the preliminary application of the dilute acid.

The crusts gradually grow up with the hair, which soon sprouts again if the eruption be recent, and as soon as a pair of fine scissors can be inserted beneath them, they should be removed by clipping the hair. But we are warned not to do this prematurely, lest a sore place be produced.

In our report for 1843, we noticed the occurrence of rectal polypi in children. Since the appearance of M. Stolz's paper on this subject, a communication has been published in *L'Experience*, (June 1, 1843,) by M. Gigon, in which six cases of polypus of the rectum in children are related; three of which fell under the notice of M. Gigon, and three occurred in the practice of his colleague, M. Brun.

The writer states, that in their commencement, polypous tumors of the rectum are unattended by any symptoms sufficiently marked to call attention to their existence. After the tumor has become well developed, however, it usually gives rise to an exudation, or even to a flow of blood from the anus; the fœcal matters are stained, and sometimes bathed in and softened by pure blood, without any admixture of mucus. When this takes place in a child, particularly if it has existed for some time, without the occurrence of any prominent general or local symptoms indicative of a severe disease of the intestines, upon inquiry, it will, in general, be found, that whenever the patient has a stool, a reddish body will protrude at the orifice of the anus—or, if not, that when the little patient is made to strain, the projection of the tumor will usually take place.

Occasionally, in consequence of the shortness of its pedicle, or from its being attached high up in the intestine, the polypus cannot

be brought into view; the finger in such cases should be introduced into the rectum—which can be easily done, even in very young children—when the existence of the tumor will be readily detected, —or the speculum-ani may be employed.

In regard to the character of the tumors, M. Gigon states, that they are fleshy and of a red color—having some resemblance to a large cherry deprived of its epidermis. Their surface bleeds readily. When divided by the knife, they are found to be fleshy, of variable consistence, but usually having very nearly the same firmness as a portion of liver. By the naked eye no appearance of vessels or fibres can be detected; in one case, however, by the aid of the microscope, some traces of vascularity were discovered; and in another, in which the tumor had existed for a long time, a well marked fibrous appearance was observed. The tumors in the cases detailed were invariably globular—and varied in size from that of a cherry to that of a filbert.

They are attached to the mucous membrane of the intestine, by means of a smooth, soft, membranous pedicle of a greyish color, and exhibiting no traces of vascularity. The pedicle is insensible, and possessed of but moderate powers of resistance; in one of the cases, it was not sufficiently firm to support a ligature, but broke, without giving rise to any consecutive hæmorrhage. In two instances, the vascularity of the pedicle and the transmitting of blood through it to the tumor were proved, by the fact, that in one, after the application of a ligature, blood no longer exuded, notwithstanding the presence of the tumor in the intestine, and in the other, the excision of the pedicle was followed by severe hæmorrhage.

The diseases with which polypus of the rectum are liable to be confounded; are dysentery, hæmorrhoids, and prolapsus ani.

From dysentery it may be distinguished by the absence of every other symptom peculiar to this affection, with the exception of the blood in the evacuations.

From hæmorrhoids it is to be distinguished by the color of the tumor, its place of insertion, within the anus, and the age of the patient.

From prolapsus ani it can readily be distinguished by a cautious examination. In polypus, the fæces escape at the side of the tumor, whereas in prolapsus the opening through which the fœcal matter is discharged is at the centre of the tumor.

The largest rectal polypus that has been observed by M. Gigon was about the size of a filbert, and in this case, its presence in the rectum had been indicated for upwards of a year by a discharge of blood. In some cases the tumor is detached spontaneously, by the rupture of the pedicle, during the passage of hardened fæces, or, the polypus becoming protruded, it may be separated by the action of the sphincter. Nowithstanding the comparative small size to which these tumours would appear to attain, and the trifling amount of

acute suffering by which they are attended—there is a necessity, nevertheless, for removing them as soon as possible after their existence is detected, in consequence of the danger of emaciation, hectic fever, and other symptoms of marasmus ensuing, especially when the discharge of blood is abundant.

The proper mode of removing the tumor, is by a ligature to the pedicle, with or without its subsequent division, by the knife, beyond the ligature. It is better, however, after the ligature is applied, to return the tumor into the rectum—it will become separated on the second or third day and be discharged by stool. In one case, in which the tumor was excised below the ligature, some hæmorrhage took place subsequently. In none of the cases observed by M. Gigon, did any pain result from the application of the ligature, or any accident subsequent to the operation; on the contrary, the discharge of blood was at once arrested, and the patient speedily regained his appetite, strength and plumpness.

Dr. Warrington presented for the inspection of the Fellows an instrument devised by Dr. Ludlow, of Philadelphia, as an improvement on the blunt hook used by obstetricians.

The hook is made to have nearly the usual shape—about 12 inches long, with a handle of wood, riveted on one side of a flattened shank. At about one-third of its length is inserted a screw, which is intended to receive, under its head, the notch of the guard, which has also a flattened surface upon its handle, to be applied to the handle of the hook when locked. The hook itself is a semicircle, of an inch radius—it is rounded at its point, and has the rounded extremity of the guard applied to it when the whole instrument is closed. The stem of the guard is the same size as that of the hook.

The hook is to be introduced in the usual manner for embracing, a ham, a groin, or an axilla. When applied to the part intended, the guard is passed up on the other side of the limb, along the locking surface of the instrument, until it touches the point of the hook, and the notch receives the screw, as in the case of the guarded crotchet. Thus the limb becomes securely encircled, and traction can be made without risk of the instrument slipping off, as sometimes happens with the ordinary hook, to the disappointment of the practitioner, and the risk of injury both to child and mother.

Dr. W. was disposed to think favorably of the instrument, so far as he had reflected upon its form and uses, but had as yet tested it only on the obstetric models in his possession. It appears to be preferable to the fillet, for either of the points of application mentioned—first, because more easy of application—secondly, because of the diminished risk of severe pressure upon the parts.

Stated Meeting, April 2d, 1844.

Dr. Hewson, *President,* in the chair.

Present, nineteen members.

Furman Leaming, M. D. was duly elected a Fellow.

It was stated by Dr. Neill, that Dr. Otto being about to leave the city, would be willing to dispose of his library—when it was *Resolved*, that a committee of three Fellows be appointed to inquire into, and report, at the next meeting, the propriety and expediency of purchasing the said library for the use of the College, and the terms upon which it may be obtained.

Drs. Neill, Parrish and Hewson were appointed the committee.

Special Meeting, April 8th, 1844.

Dr. Hewson, *President,* in the chair.

Present, seventeen members.

The president stated, that the College had been convened this evening by his orders, to receive the report of the committee on the purchase of Dr. Otto's library; which report was presented as follows:—

The committee have examined the library of Dr. Otto, and find it to comprise a valuable collection of works on the medical and collateral sciences, all of which are in a good state of preservation. The committee believe that the possession of these works by the College would be highly desirable, as a means of augmenting the size and value of its library.

The said report being under consideration it was *Resolved*, that the committee be empowered to purchase for the College, the medical and surgical works, and those on the collateral sciences, belonging to the library of Dr. Otto, together with the cases in which the said books are contained.

Dr. B. H. Coates presented, for the library of the College, "The Fifteenth Annual Report of the Inspectors of the Eastern State Penitentiary of Pennsylvania."

Stated Meeting, May 7th, 1844.

Dr. Neill in the chair.

Present, fourteen members.

The committee on Dr. Otto's library reported, that they had effected the purchase of the same for the use of the College; and that the books and cases had been deposited by them, for the present, in a room at the corner of Ninth and Walnut streets, the use of which had been politely granted to the committee by Dr. Hodge. That as soon as possible a catalogue of the books thus purchased would be prepared and presented to the College.

It was *Resolved*, that the Library Committee be requested to prepare, and report to the College a plan by which the library belonging to it may be rendered more accessible and useful to the Fellows, and its permanent increase in size and value secured.

Dr. Warrington detailed the further history of the case of uterine tumor, presented by him at the meetings of the College in November, 1843, and January, 1844.

It will be recollected, that the patient presented a tumor of the posterior portion of the neck and mouth of the uterus, which had rapidly grown from the size of a chestnut to that of half an orange —that it exhibited a fungus or cauliflower appearance, discharging large quantities of thin watery fluid, sometimes more or less colored with blood, and, occasionally, especially upon the slightest touch, exuding much blood. In November last, after free conference with several medical friends, who concurred in the propriety of attempts to remove it, (after the unavailing use of astringents, nitrate of silver, &c.) the president of the College removed as much of the mass as possible, by the scalpel and scissors. The portion removed exhibited a dense pancreas-like structure, having upon its surface, which was a hemisphere of an inch radius, numberless little vessels resembling the plush on silk velvet. The centre, to the extent of one-half of an inch in diameter, was so solid as to cause a grating sound in forcing the scalpel through it. A small portion of the posterior lip, in an apparently healthy condition, was removed with it: Although the disease did not involve the vagina, yet it appeared impracticable to excise the whole of the mass—while the uterus remained in situ in the pelvis. Traction downwards of the whole mass was ineffectually tried—the hooks giving way at every attempt. The patient, who bore the operation well, and without any considerable loss of blood, appeared to improve during December and

a part of January. After this the disease increased—the tumor in a short time became as large as before—the sero-sanguinolent fluid passed off in great abundance—and the patient complained more of pain. Her countenance became pallid, slight œdema of the cellular tissue generally took place, and her strength failed. At her urgent solicitation, Dr. Hewson, who continued to see the case with me, made repeated attempts to embrace the tumor within a ligature, by means of a double canula, but found it practicable to secure only a portion of the mass, which was now so soft, that the silk cord, though large, passed directly through it. The patient has been put upon the use of tonics and anodynes, and rendered as comfortable as possible: the fœtor caused by the disease is corrected by the use of tar water, injected into the vagina. The mass, however, which is very soft, somewhat distends the vagina, though we believe it does not yet manifestly involve the tissue of that canal. We consider the situation of the patient critical, and the tumor malignant.

Dr. Parrish communicated the history of a case of threatened suffocation, from the accidental introduction of a foreign body into the larynx of a child about twelve years of age, which had lately fallen under his notice, and in which the production of violent sternutation, by pungent substances introduced into the nostrils, after being ineffectually attempted on the first two days succeeding the accident, caused, when repeated on the third, while the patient lay upon his face over a chair, with his head hanging downwards, the discharge of the foreign body from the larynx—it being a circular piece of tin of the size of a Spanish sixpence.

Stated Meeting, June 4th, 1844.

Dr. Bond in the chair.

Present, twenty-five members.

The Library Committee, in compliance with the resolution passed at the meeting in May, reported as follows:—

The committee do not feel themselves prepared to pronounce decisively on any of the points which have arisen in reviewing the subject. From respect to the commands of the College, they lay before it such suggestions as have occurred to them; craving indulgence for the crude state in which they are offered, in consequence of the shortness of the period allowed for their preparation, and requesting not to be held responsible for a final opinion upon any one of them. They are as follows:

Adding the books purchased from Dr. Otto to the library; and inserting their titles in the existing numerical catalogue.

The preparation of an index catalogue, for greater facility in referring to the books; separating the branches of science to which they refer, and arranging the books alphabetically under these, in the way which is so generally found useful at the present day.

Appointing a proper authority to obtain a better collocation for the book cases, and removing the library to it.

Revising the present set of library rules, including the provision of a suitable officer to act as a librarian, and of a proper hour for his attendance. It is suggested, in the present limited state of the collection, that one hour, twice a month, would be as much as is expedient to devote to that purpose; one of these, so long as the library continues in its present situation, being at the session of the College.

Executing the law which provides an annual appropriation for the library. The committee suggest the sum of fifty dollars. The expense of arranging the books purchased from Dr. Otto will be first incurred, the preparation of a proper analytical catalogue has always been found heavy, both in expense, the labour of the members, and time; some outlay is always incurred for binding, and for a few subscriptions, and after all, there will occur the cost of procuring new books.

The said report was, on motion, laid upon the table.

Dr. B. H. Coates, presented, for the library, a German translation of his Essay on the relative mortality of the white and black races in the Eastern State Penitentiary, with a note by Dr. Varrentrap.

Dr. Parrish presented and read a communication on the relation between diseases, with a case in illustration, as follows:

The relationship existing between diseases, recognized in our nosological systems as distinct, offers an exceedingly interesting topic for the consideration of the physician, the study of which opens a wide field of inquiry, as yet almost unexplored. We are, in a great measure, under the dominion of names, and are apt to lose sight of important principles, and of the operation of natural laws, while we are searching for the name of a disease, or attempting to classify it under some artificial arrangement. The following case affords an illustration of this remark, and presents points of interest which have induced me to lay it before the College, as a means of inducing investigation in the direction which it appears to point out.

Case. W. W., the subject of the present note, is aged about 60 years, of a sanguine temperament, and florid complexion. He inherits a gouty diathesis; has been subject for many years to dyspep-

tic symptoms, acidity of stomach, vertigo, &c.; has had several attacks of nephritis; has passed biliary calculi on several occasions, and has, for some years, been troubled with a hard, indolent, moveable tumor, about the size of a cocoa nut, on the left side of the abdomen, which is supposed to be an indurated spleen.

In the latter part of the 9th month, (September,) 1843, this patient was attacked with a slight swelling and redness around the ankles, unattended with pain or with much increased heat—on account of which, I was requested to visit him. The disease was supposed to be gouty, and he was advised not to bathe it, to be moderate in his diet, and to take Henry's magnesia. In a few days, the swelling and redness left the ankles, and he was attacked with an acute muscular pain, between the third and fourth ribs on the left side, attended with a hard dry cough, and a catch in his respiration; symptoms simulating pleuritis, and yet differing from that disease in several essential points. The cough gradually increased in violence, was attended with much pain in the chest, and with a copious discharge of frothy mucus, the discharge of which did not, however, appear to afford relief. This mucus gradually increased in quantity, became more thick and viscid, so as to resemble pus, and finally, at the end of about two weeks from the commencement of the cough, it became extremely offensive, and was, at times, tinged with a dark colored blood. The quantity expectorated, was at least *a pint and a half* in the twenty-four hours, and varied in appearance—being sometimes frothy, and at other times yellow, viscid, and colored, as described. The respiration during sleep, was easy and unembarrassed, and on placing the ear over different portions of the thorax, no sound could be detected indicating a lesion of the lungs. The character of the cough was peculiar—it was violent, and at times almost convulsive, as in whooping cough; the stomach being frequently thrown into commotion so as to induce vomiting. The breath was also very offensive, and during the forcible expiration of coughing, the fœtor could be perceived at the distance of five or six feet from the patient. In addition to these pectoral symptoms, there was evidence of great derangement of the digestive functions. The patient had a disgust for food; the tongue was moist and of a bright red, but the stools were, for the most part, natural. The patient was sorely afflicted with inertia and depression of spirits, although naturally of a lively temperament: the urine was scanty, and highly colored; the pulse, which in health ranged from 96 to 100, and was remarkably full and strong, was now generally above 100, and softer than usual. The patient had slight exacerbations of fever in the evening, generally preceded by chilliness. His strengh was rapidly declining; he was emaciating, and presented the appearance of an individual who was giving way under a mortal malady. The assemblage of symptoms thus presented, caused no little embarrassment in forming a diagnosis. Drs. J. Wilson Moore and Shoemaker,

were associated with me in consultation, and the most careful scrutiny was instituted to ascertain the nature of the complaint.

The remedies employed were various. For the relief of the pectoral symptoms, the usual round of expectorants and anodynes, (selecting those least apt to offend the stomach,) were resorted to, but they produced no permanent good effect upon the cough.

The weather was often unfavorable for out-door exercise, but rides, when it was favorable, were encouraged, and were evidently salutary. Kreasote, suspended in an emulsion, was prescribed to correct the fœtor, and to give tone to the stomach, and although it was not entirely without effect, it disappointed our expectations.

The most salutary medicine which we employed, was the "mist. ferri comp.," which evidently relieved the cough, and improved the general health. After using it for eight or nine days, however, the patient took a disgust to it, and we were obliged to substitute the solut. hydriod. ferri, which also answered a good purpose. Counter irritation, in the form of a large Burgundy pitch plaster between the shoulders, was early resorted to. Notwithstanding this treatment, the improvement was very slow, and the case wore a discouraging aspect, until a new order of symptoms changed its character. The patient began to complain of soreness on the back, and on removing the Burgundy pitch plaster, a hard painful tumor was perceived at its edge, just over the left scapula. This increased in size, became more painful, and slowly degenerated into an anthrax of considerable size. In the usual time, a large slough separated from the centre of the tumor, leaving behind a granulating surface, from which a copious discharge of healthy pus exuded. From the first appearance of the anthrax, the cough and expectoration subsided, and after the purulent discharge was fully established, they ceased to be troublesome; the mucous discharge being little more than natural, and entirely free from fœtor. The appetite of the patient now became keen, and under the use of a generous diet, his general health improved rapidly. There was, during the progress of the case, considerable irritation at times of the genito-urinary organs, and occasional muscular pains about the shoulders and breast; these ceased, however, as the patient's strength increased, and by the time the ulcer, caused by the sloughing of the anthrax, had healed, he was restored to a good degree of health.

The points of peculiar interest in this case, may be summed up as follows:

First. The swelling and redness of the ankle joints which preceded the bronchial irritation, and on the sudden disappearance of which, the cough &c. supervened.

Secondly. The occurrence of sharp muscular pains in the chest, in common with the cough, and their decline on the establishment of copious expectoration.

Thirdly. The great abundance and peculiar fœtor of the bronchial discharge.

Fourthly. The peculiar paroxysmal character of the cough, and the vomiting which sometimes attended it.

Fifthly. The failure of the remedies ordinarily employed in bronchitis to control or even to mitigate the symptoms; and the good effects produced by the ferruginous preparations.

Sixthly. The irritation of the genito-urinary organs, and the state of the urine.

Seventhly. The sudden disappearance of all the alarming symptoms, on the occurrence of an anthrax.

These features of the case, evidently establish a relation between the gouty attack and the bronchial irritation, if they do not prove a direct metastasis as the cause of the latter. The history of the case still further confirms this connection. The severe irritative character of the cough, unrelieved by expectoration—the failure of the ordinary remedies—the great disturbance of the digestive organs—the state of the urine, &c., all prove it. But, above all, the breaking out of a carbuncle in the neighborhood of the suffering organs, and the translation of the disease to this new point of irritation, declare the character of the case as a gouty or rheumatic irritation of the bronchial tubes. A case bearing many points of resemblance to the preceding, is related, in a late number of the London Medical Gazette, by Dr. Cheyne, and was copied into the Philadelphia Medical Examiner, in the autumn of last year. It is described under the title of "Bronchial Blenorrhœa, considered in connection with Rheumatism."

Dr. Bond, related the History of a case of Death after Parturition, as follows:

April 8th, 1844. At 10 P. M., he was requested to visit Mrs. R—, and was informed by the messenger, that she was affected with colic. Mrs. R. had a good form and constitution, and enjoyed good health until this attack. She is twenty-eight years of age; was married on the 4th of last October; had never menstruated after marriage; supposed that she became pregnant within one week after that event, and expected to be confined in the beginning of the second week in July. About noon to-day she was reaching over a flour barrel that stood end-wise, to pick up something behind it, in doing which she felt something give way, and was attacked with pain in that part of the abdomen where she came in contact with the sharp edge of the barrel. The pain continued all the afternoon and evening, and was supposed by her female attendants to be colic, and, in consequence, ginger tea and other domestic remedies had been administered. But the pain became worse in the evening, and when the doctor visited her, she evidently had labor pains, but no stools or discharge; he directed her an opiate, rest, and a cool regimen, with orders to send for him if she was not shortly relieved. At 11½ o'clock,

P. M. he was sent for again. The pains had increased, and the os uteri had become relaxed, and more than half dilated. The pains were more distressing than usual in such cases, and she was inclined to keep her hand applied to that part of the abdomen which had come in contact with the barrel. The membranes were very strong, and continued unbroken, until a loose sac of water presented externally, and when broken, there was a gush of a large quantity of liquor amnii. The delivery of the child followed almost immediately afterwards—April 9th, at 2¼ A. M. Soon after this, he began to use the ordinary means to promote the delivery of the placenta, which he continued to do for three quarters of an hour without any effect. There was no sign of its coming—there was neither any expulsive pain, nor the least appearance of any colored discharge. He then gave twenty grains of ergot, and after a quarter of an hour, twenty grains more. At the end of ten or fifteen minutes more, no uterine contraction had occurred,—at least he discovered none, either by questioning the patient or by watching her motions. It is proper to observe, that the ergot, although procured at the time from one of the best shops, was almost entirely destitute of the peculiar odour which he had generally observed to belong to that which has been most effective.

The uterus was so low that he could easily pass his finger within its neck, which was soft and relaxed; but above that, the uterus seemed to have assumed something like an hour-glass contraction, so low down towards the neck, as to embrace in the upper chamber nearly or quite all of the placenta. He immediately prepared to introduce his hand, without waiting longer for the ergot to act. The cord was ten inches long, very large, and firm for that period of gestation, except for a short distance near its insertion into the placenta, where it was very slender. In his attempts to examine the condition of the uterus and to deliver the placenta, the cord was torn from its attachment. This occurred only a short time before the introduction of the hand. The *os externum* and the *os cervix uteri* were so relaxed, that the hand passed with ease until it reached the above mentioned contraction. This was so rigid as to occasion some delay. During the process of introducing the hand, pretty strong uterine contraction came on, which increased the delay. Whether this was the effect of the ergot, or of the irritation of the hand, is doubtful;—probably it was partly owing to each. Upon passing the hand through the stricture, into the chamber containing the placenta, it was found that this was detached from the uterus in no part, so far as could be perceived. Up to this period there was no sanguineous discharge, except a very little, which was supposed to proceed from the separation of the cord. The doctor proceeded slowly and carefully to detach the placenta, which adhered so firmly as to make the operation tedious. After the whole of the placenta was separated, he found a strong membranous attachment to one part of

the fundus, which he could not overcome. It was of limited extent, being less than an inch. He used as strong traction as he thought could be done without endangering a laceration of the uterus. When pulling it, it seemed to yield a little, but upon examination, there was no sign of its being detached. It occurred to him that, possibly, there might be an hour-glass contraction, embracing a small part of the placenta and membranes, although he could perceive no rounded edge and depression around the adhesion such as he should expect in that case; but to determine this, he applied the other hand to the abdomen, and this examination entirely satisfied him that such could not be the case. He then separated the placenta from this adhering membrane, and withdrew it. The membrane, which felt like a ligament, had such remarkable strength, that the separation was not easily accomplished. The operation occupied three quarters of an hour, and was attended with very little hæmorrhage.

The child lived twelve hours. The fœtal end of the cord, as before observed, was very thick, and he tied it, as he thought, very carefully; but in a little while he discovered that, in proportion to the size of the child, there was considerable hæmorrhage, such as might have destroyed it, had it not been discovered and arrested. It had not, however, produced any signs of anæmia.

April 10. Last evening the patient began to be uneasy, and feverish,—a cathartic of senna, manna, and sulph. magnesiæ, in divided doses was directed. It operated sufficiently during the night, but the febrile symptoms and uneasiness were not mitigated. Tongue a little coated—pulse 110 to 120—some tenderness in the left iliac region —the uneasiness in the head increased. In the afternoon the symptoms all aggravated—no lochial discharge. Directed the neutral mixture—v. s. oz. xxiv—fomentations. The blood drawn exhibited a thick buffy coat, and small cupped coagulum.

April 11. Head much relieved since the v. s. but the patient had a very uncomfortable night—tongue has a yellowish white coat, thickest in the middle—had a severe chill this morning at 7 o'clock—pulse 120 to 130. After the application of the fomentation, a copious sanguinous discharge from the vagina came on, which it was thought desirable to promote, therefore the v. s. was not repeated nor leeches resorted to this morning as would otherwise have been done. Directed cal. ipecac. and opium. At 5 P. M. pulse 102, at 11 P. M. 82—all the symptoms mitigated. The pain in the abdomen, last night and to-day, which was almost entirely confined to the iliac region, was intermittent like after pains.

April 12. In the morning found her more comfortable in every respect—pulse 80 to 90. No tympanitis or swelling of the abdomen, and the tenderness is chiefly confined to the part before mentioned—sanguinous discharge has ceased, and the vaginal discharge has become offensive—some confusion of the head in the night and this morning. When visited at 5 P. M. the patient was found to

have become worse soon after the morning visit—great increase of febrile excitement and of tenderness of the abdomen--thirst great--began to be tympanitic. Upon examination found some shreds of membrane in the neck of the uterus, which were removed; one part, however, extended into the uterus, which could easily be seized hold of, but adhered too firmly to be extracted without applying more force than could be done with safety. Sometime afterwards it came away and the offensive discharge ceased.

April 13. She began in the night to belch up whatever she drank --pulse very variable—tympanitis increasing, as well as the distress and tenderness in the abdomen. Dr. Meigs saw the patient twice to-day, but it is unnecessary to detail the treatment, which had no influence in controlling the disease. The discharges from the stomach became more and more dark, until they closely resembled coffee grounds. The patient grew rapidly worse, and died next morning, April 14th, at 4 A. M. about 98 hours after delivery.

Autopsy, 29 hours after death. The operation was performed by Dr. Goddard, in the presence of Drs. Huston and Bond; and this account of it is chiefly taken from Dr. Goddard's notes. Abdomen alone examined. On opening the peritoneal cavity, a quantity of fœtid gas escaped, which occurrence Dr. G. observed he had never met with, except in cases of perforation of the intestines, or as a result of putrefactive fermentation. That part of the peritoneum, where this gas was contained, was dry and glossy, as if it had been hung up in the open air--colon much distended and very low in the abdomen. Upon carefully raising the omentum majus, the whole of which was gangrenous and fœtid, a black mass, about two inches long and three quarters of an inch wide, was brought into view, one end of which passed into an opening in the fundus of the uterus. At first view this looked like a coagulum of blood, which in some parts had began to be organized, but which, being drawn out and washed, proved to be a portion of the fœtal membranes, with some remains of placental fibres, and the debris of a coagulum of blood—the whole being in an advanced state of putrefaction. The uterus was next examined, and found to be lacerated at the left extremity of the fundus, above and very near the junction of the Fallopian tube. The rupture in the peritoneum was small—about three-fourths of an inch in length, and entirely filled up by the membrane before alluded to. The laceration of the proper substance of the uterus was greater, and its edges were covered with a coagulum partially organized. The *lining of the uterine cavity elsewhere looked well.* The peritoneum showed traces of high inflammation in several parts —about the stomach, among the small intestines and especially at the pelvic region, but appearing comparatively healthy at the anterior portions of the abdomen. There was very little effusion into the peritoneal cavity—there was a small quantity of blackish fluid, with flakes of pus floating in it, in the most dependant portions of the abdominal cavity.

There is, therefore, reason to believe that, when the laceration took place, it was chiefly in the uterine substance, the peritoneum resisting; that the unbroken membranes protruded, like a hernia, through the aperture into the abdominal cavity;—that the contraction of the uterus, after the delivery of the child, closed so firmly upon these, as to strangulate them, and to resist the efforts to withdraw them, during the operation for extracting the placenta. This examination explains the difficulty attendant upon the delivery of the secundines; for although the placenta was in no part detached from the uterus when the hand was first introduced, still there did not appear to be any preternatural adhesion or growing of the placenta to the uterus; but the chief difficulty arose from the extraordinary strength of the fœtal membranes, and their inextricable confinement. The revelations of this examination, were especially gratifying to the doctor, as he had apprehensions before this, that although the labor was brought on by an accident, the febrile and inflammatory symptoms and the fatal termination, might have been the consequence of the operation of extraction; although he had proceeded with such caution, that he was satisfied it could have resulted only from the irritation of the protracted operation, and not from any laceration, or other violence done to the part.

Dr. Bell remarked, that the case just detailed was certainly a highly interesting one. From the known experience and caution of the gentleman by whom they were performed, there could be no doubt but that the measures pursued, with the view of detaching and bringing away the placenta, were conducted with due care; there was, however, he was convinced, far too much anxiety, in general, entertained in regard to the retention of the placenta, or any portion of it over a certain period, within the cavity of the uterus, and not unfrequently, he apprehended, injury has been inflicted upon that organ by the efforts made to bring away the placenta, especially by the introduction of the hand; and when a preternatural adhesion of the placenta to the surface of the uterus exists, it is to be feared that its forcible separation may be the cause of some serious lesion, even laceration or rupture of the walls of the uterus. If no immediate ill consequences result from the retention of the placenta, would it not be better in every case to wait, until it is thrown off by the contraction of the uterus, which may be accelerated perhaps by friction, slight traction of the cord and similar means. Even when the retention results from preternatural adhesion of some portion of the placenta, if it cannot be entirely detached without the exertion of more than the slightest degree of force, it will certainly be separated after a time, and discharged with the lochia. On the experienced and careful obstetrician the importance of caution in regard to this subject need not be enforced, but the young and unexperienced practitioner should be as much as pos-

sible dissuaded from every species of interference, in any case of labor, in which it can, with safety to the patient, be possibly avoided. We are convinced, that in the practice of midwifery much less danger is liable to result from patiently waiting for the operations of nature, which, though often tardy, are in the end seldom inefficient, than from too rash and early a resort to instrumental assistance.

Dr. Moehring would inquire, whether any of the Fellows present had ever known injury to result from waiting until the placenta was expelled by the action of the uterus—the usual means being in the meantime resorted to to induce its complete contraction. Several of the Continental writers on obstetrics forbid all interference, excepting in cases where profuse hæmorrhage or other alarming symptoms occur—he had himself allowed the placenta to remain for a day or even longer, when it came away without any injury or suffering to the female resulting. He believed that the danger from retention of the placenta for many hours after the birth of the child was overrated by many practitioners, and that this often caused a too early and improper interference in order to effect its removal.

Dr. Condie remarked, that he had supposed the rules in regard to the management of the placenta to be well settled; he was not aware that any important difference of opinion existed on this subject among the practitioners of midwifery in this country. The direction given by the late Professor James was, excepting in cases in which the occurrence of hæmorrhage or other alarming symptoms demanded its earlier removal, to wait for at least one hour after the delivery of the child for the expulsion of the secundines, when, if this did not occur, to introduce the hand and remove them —but in no case to leave the patient until the placenta was brought away, and the uterus well contracted. This direction, he is convinced, is a very judicious one. A very common cause of retained placenta, being an hour glass contraction of the uterus, some have even advised that in all cases, when, after the delivery of the child —the placenta is found not to come away, upon gentle traction of the cord and brisk friction over the region of the uterus being resorted to, that its delivery should be effected by the hand, inasmuch as the partial contraction is then much more easily overcome than it will be at a later period. The rule being understood, that whenever the placenta is not expelled by the action of the uterus within a short period after the birth of the child, manual interference is required, the precise time it is proper to wait in each case must be left to the judgment of the practitioner. In some, it may be necessary to bring away the placenta immediately, while in others, an hour or two may, with great propriety, be allowed to elapse before this is done. In general, however, he believed that the sooner the placenta is delivered the better. The practice of leaving a female

with a retained placenta, and waiting many hours or even days for its discharge, cannot be too strongly reprobated—it being attended always with the utmost risk to the patient. The doctor stated that he had known, when this practice had been pursued, the patient to become exhausted by an almost continued hæmorrhage, which ceased almost immediately after the placenta was removed. In other instances, when the entire placenta, or a considerable portion of it has been allowed to remain and become putrid—all the symptoms of a low typhoid fever ensued, under which the patients sunk. By more than one of the recent writers on obstetrics, the danger of allowing any portion of the secundines, or coagula of blood to become putrid in the cavity of the uterus, is very strongly insisted upon, and it is even recommended that injections of some tepid fluid should be resorted to, in order to wash out the uterus and vagina. The origin of one of the most unmanageable forms of puerperal metritis, has been ascribed to the absorption, by the open mouths of the uterine veins, of putrid matter, resulting from the retention and decomposition within the uterus, of portions of the after birth, or coagula.

Dr. Bell did not doubt that cases might occur in which the prompt removal of the placenta would be called for—but he was persuaded, that in the generality of cases, less danger will be liable to result from waiting until it is thrown off by the action of the uterus, than from the injury which must, to a greater or less extent, be inflicted upon this organ, already predisposed to disease, by the introduction into its cavity of the hand and the manipulations necessary to separate, grasp, and bring away the placenta. In some cases, the connection of the latter with the uterus is so intimate, that, we are told, much time and some degree of force are required completely to separate it. Is it possible to suppose that the delicate texture of the uterus can escape in such cases without injury? It is said that there is danger of hæmorrhage so long as the placenta remains undelivered. This may be true in certain cases, but does it not depend upon the very same circumstance which causes the after birth to be retained; namely, the imperfect contracting of the uterus, and will not a resort to those means which tend to excite contraction of the uterus, enable us to control the hæmorrhage, and at the same time cause the expulsion of the placenta? The supposition that puerperal or any other malignant form of fever will be produced by the retention and putrefaction of the placenta is extremely problematical. It is not uncommon for a portion of membrane, or coagula of blood, subsequent to parturition, to become putrid within the uterus, and be discharged in this state with the lochia—and yet we know, that puerperal metritis or typhus fever is of comparatively rare occurrence. The doctor remarked, that it was not his desire to advocate a universal rule of non interference in cases of retained placenta, but to urge the necessity of trusting in these, as in all the

ordinary cases, and throughout every stage of labor, much to the operation of the natural powers, and of avoiding all unnecessary and too early interference.

Dr. Warrington had always acted upon the rule of not leaving his patient until the placenta was expelled, and provided this does not take place spontaneously, within a reasonable period after the delivery of the child, to introduce the hand and extract it: it had nevertheless fallen to his lot to observe a few cases, in which the placenta was allowed to remain for many hours—in one for twelve hours—without the occurrence of any injury or suffering on the part of the patient. He believes the safest rule to be, however, to wait for an hour, and if the placenta is not then expelled—frictions over the hypogastrium—gentle traction of the cord, and perhaps the administration of a dose of ergot, having in the meantime been resorted to—to deliver by the hand.

Dr. West related the appearances presented upon dissection, in a female who had been shot by her husband. The ball—that of a pistol—had entered about five inches below the left nipple, passing through, and completely dividing the eighth rib, through the inferior portion of the left lung, the diaphragm, the colon, the vertebral column, about one inch below the body and processes of the second lumbar vertebra—dividing entirely the spinal marrow, and had lodged below the integuments of the lumbar region. Upon dividing the integuments, at the spot where the ball had entered, and dissecting them back, a large soft mass was brought into view, external to the thorax—which was, at first, supposed to be a portion of prolapsed lung, but upon closer examination it was found to be composed of a portion of the omentum that had escaped from the abdomen, along the track made by the ball—thus passing through the wound in the diaphragm, lung, and walls of the thorax, and forming a hernia below the left nipple.

Special Meeting, June 29th, 1844.

Dr. Neill in the chair.

Present, thirty members.

The chairman stated, that the present meeting had been convened for the purpose of testifying, on the part of the Fellows of the College, their respect for the memory of its late vice president, Dr. Otto.

The following Resolutions were then unanimously adopted.

Resolved, that while we contemplate the removal from amongst us of our late venerable and respected Fellow, Dr. John C. Otto, as the fulfilment of the law of our being, which makes it needful for man "once to die," we cannot but lament the loss of one, whose scientific attainments, practical abilities, and moral worth, placed him in a position of merited eminence among the Fellows of this College.

Resolved, that while we deplore our own loss, and that of the profession generally, we deeply sympathize with the family of the deceased, who have been bereaved of a kind and faithful husband, and parent; and we desire to tender to them an expression of our heartfelt condolence.

Resolved, that a Fellow of the College be appointed to prepare a suitable record of the life and character of the deceased to be preserved among our archives.

Resolved, that the Secretary be requested to transmit a copy of these proceedings to the family of the deceased; and have the same published in the Medical Journals of the City, and in one or more of the daily papers.

The College then adjourned, to proceed in a body to attend the funeral of their deceased Fellow.

Stated Meeting, July 2d, 1844.

Dr. Bond in the chair.

Present, Eleven members.

Dr. Isaac Parrish was appointed to prepare a notice of the life and character of the late Dr. John C. Otto, agreeably to the resolution passed at the special meeting in June.

The College proceeded, according to the provisions of its charter, to an election of officers for the ensuing twelve months—when the following were duly elected.

President.

THOMAS T. HEWSON.

Vice President.

Henry Neill.

Censors.

George B. Wood, J. Wilson Moore.
Charles D. Meigs, Henry Bond.

Secretary.

D. Francis Condie.

Treasurer.

J. Rodman Paul.

Stated Meeting, August 6th, 1844.

Dr. Bridges in the chair.

Present, eight members.

The Committee on the purchase of the library of Dr. Otto presented a Catalogue of the same, and delivered to the College the keys of the cases in which the said library is contained, when, upon motion they were discharged.

Agreeably to the provisions of the By-Laws, the President appointed the several standing committees, as follows.

Library Committee,—Drs. Moore, B. H. Coates, and West.
On Public Hygiene,—Dr. Bell.
On the Theory and Practice of Medicine,—Dr. Jackson.
On Surgery,—Dr. Parrish.
On Midwifery,—Dr. Warrington.
On the Diseases of Women,—Dr. Hodge.
On the Diseases of Children,— Dr. Condie.
On Materia Medica,—Dr. Carson.
On Meteorology and Epidemics,—Dr. Moore.

The Bills of mortality of the City of Philadelphia and incorporated districts, for the years 1842 and 1843, were received from the Board of Health.

Stated Meeting, September 3d, 1844.

Dr. Neill, *Vice President*, in the chair.

Present, eleven members.

Dr. Parrish called the attention of the College to a catarrhal affection occurring in adults, of a very peculiar character—of which he had recently seen several cases. The disease was attended, in addition to the ordinary phenomena of catarrh, with severe, apparently spasmodic, paroxysms of coughing, producing but little if any expectoration. During the cough, which was always particularly distressing, the whole body of the patient was often violently agitated. The paroxysms were readily excited by the motion of the body, by speaking, eating, drinking, &c. They varied in duration, but were never of very long continuance.

In the treatment of these cases, the doctor had found the ordinary expectorants, and opiates to be productive of little benefit; the remedy from which he had seen the best effects to result in the control of the spasmodic paroxysms of coughing, was a watery solution of assafœtida with the addition to each dose of a few drops of the oil of amber.

Dr. Condie stated that during the present season he had met with a number of cases precisely similar to that just described. As the hooping was prevailing very extensively among children, in the same neighborhoods, and often in the same families in which the cases of spasmodic catarrh in adults occurred, the latter was very generally considered, by the patients and their friends, to be the same disease as the former. Indeed, so very similar do the two affections appear to be in all their leading symptoms, that the Doctor was himself in doubt whether this opinion is not the correct one.

Dr. Condie has seen the best effects result from the use of the watery solution of assafœtida in these cases—and also from the application of slightly rubefacient applications, in the form of friction or plaster, along the spine. In some instances, the inhalation of the fumes from burning tar or rosin, has appeared to afford considerable relief.

Stated Meeting, October 1, 1844.

Dr. Bond in the chair.

Present, eleven members.

Dr. Pepper inquired whether either of the Fellows present were in possession of any facts, showing the greatest length of time the vac-

cine virus may be preserved without loss of its active properties ; and what is the best mode of preserving it to prevent its speedy deterioration? That it was found by most practitioners difficult, if not impossible, to preserve it throughout the year, and some even objected to making use of that which had been kept for only a few months.

Dr. Condie stated, that in consequence of his having held, for a series of years, the situation of Vaccine Physician for the district in which he resides, his attention had been particularly directed to the means of preserving the vaccine virus without loss of its active powers. On this subject he had made many experiments. For a long time he believed, that the plan he recommended in a paper published by him many years since, was the most effectual—namely, a piece of ivory, turned in the form of a small round box, but instead of one cavity within, to have on its upper surface a number of slight excavations, each large enough to hold a separate scab, and covered with a lid carefully fitting, and held on by an edge in the form of a screw. As it is all important to preserve the crusts from the influence of heat and moisture, this plan will certainly answer very well: but he has since ascertained that a much simpler one is equally as good. By wrapping each crust separately in a portion of clean white paper, and depositing it in an ordinary pocket book, he has been able to preserve the matter for many months, in as active a state, apparently, as when it was first taken from the arm. He had now about him, crusts which he had in this manner carried in his pocket for a whole year, and he was positive that the infection which would result from the insertion of this matter in the arm, would be as perfect as that produced by much more recent matter. He would remark, however, that the virus by which these crusts were produced, had passed through but a few human constitutions since it was obtained from the cow, and he was convinced that this made a material difference in the activity of the crusts, and the length of time, when properly kept, they would retain their activity.

Dr. Bond was aware of an instance in which a vaccine scab that had been thrown into a drawer, and remained there for several years, was made use of, in the absence of more recent matter, and found to be perfectly active, producing the genuine vaccine disease when introduced into the arm.

In May, 1826, the Doctor visited Augusta, Maine, and while there vaccinated, with virus which he carried from Philadelphia, three children of a relative, at the respective ages of 8, 7 and 5 years. He remained only long enough to see that they all took the infection well. When the scabs came off, the father of the children wrapped them up in tissue paper, and put them in the drawer of

a bureau, where they remained undisturbed and unthought of until the month of February, 1831. At this date, Captain Beck, who had shortly before come from Quebec through the forests, to Augusta, was attacked with small pox. This produced a panic in the village, and as no vaccine virus was to be found in that region, the above mentioned scabs, four years and nine months old, were put into the hands of a physician, (Dr. Cyrus Briggs,) who began immediately to use them, and with complete success. He vaccinated, among the rest, the wife of Capt. Beck, who nursed her husband during his illness, and with the rest of her family, entirely escaped the small pox. A number of persons in the village were vaccinated with the same scabs with perfect success. Dr. Bond has learned, also, by a letter from Dr. Briggs, that, about this time, he enclosed some virus in a ball of bees-wax, which he used more than two years subsequently, and that it communicated the infection "*as well as fresh matter*," excepting, as he thought, that it was a little more tardy in exhibiting its effects.

Dr. Meigs had never been able to preserve the vaccine virus, whatever precautions he took, beyond a very short period; and he must confess he should be fearful of making use of a crust that had been kept over a few weeks. He was not convinced that some modification might not occur in the properties of the virus when it was kept for any length of time, which might impair its protective influence in those in whom it was made use of to produce the vaccine infection; and this very circumstance may account for the repeated instances in which individuals said to have been perfectly vaccinated, were attacked at a subsequent period with small pox.

Dr. Condie remarked, that he was convinced—and his opportunities for judging had been somewhat extensive—that those vaccinated with virus which produced a vaccine vesicle, bearing all the characteristics, and undergoing the same regular series of changes as the genuine disease, notwithstanding the same may have been kept for twelve months, were as effectually protected from variolous infection as those vaccinated with recent lymph. An old vaccine scab may possibly undergo such a change as to prevent its communicating the true vaccine infection, but then this will invariably be indicated by the spurious appearance of the vesicle that results from it when it is inserted in the arm. In regard to the susceptibility of persons who have been vaccinated to small pox, this can hardly be attributed, in even a majority of the cases, to the use of spurious or deteriorated virus. The subject has recently undergone a very close investigation, and a large mass of facts has been collected in relation to it by the industry, especially of the Continental physicians. From these we may very safely conclude, firstly, that when once the constitution has been placed fully under the influence of the

vaccine disease, it is completely and permanently protected from the small pox. Secondly, that, from causes not well understood, a first vaccination, notwithstanding it has to all appearances been well performed, and the resulting affection has presented all the marks of the genuine vaccine disease, will often fail to protect, permanently, the individual from a subsequent attack of the small pox—its influence becoming gradually weakened, until after a few years it is lost entirely. And, thirdly, that in these cases, the persons become in time liable also to re-infection by the vaccine virus. Hence, it is important, after the lapse of a few years, to re-vaccinate, in order to test whether the effects of the primary operation are permanent, and in those in whom this is found not to be the case, to repeat the vaccination until all predisposition to variolous infection is extinguished. It is in this manner, only, that we shall succeed in deriving from the vaccine infection that full security which it is capable of affording.

Various opinions are entertained as to the cause of the gradual loss of the protective powers of the vaccine disease observed in certain cases. Mohl, of Copenhagen, supposes, that when vaccination is performed at a very early period, its influence becomes impaired, in consequence of the very great organic changes which take place in almost every organ and tissue of the body, during the progress of development and growth; and hence the necessity of repeating the operation, after these changes are nearly completed. Let this be as it may, the importance of re-vaccination would appear to be fully established by the result of its practice for a series of years in the Prussian army. In the report of the Surgeon General, for 1841, it is stated that before the order for re-vaccination was issued in 1830, the different barracks used to be a prey to variolous and varioloid diseases, which have now almost entirely disappeared, notwithstanding the soldiers have been repeatedly subjected to the contagion of these affections.

Dr. Meigs had no faith whatever in the inferences drawn from the result of re-vaccination in the soldiers of the Prussian army. The different garrisons may, it is true, be now entirely free from small pox, but we have no evidence that re-vaccination has been the cause of its disappearance. Small pox, we know, like other epidemic and contagious diseases, has often suddenly disappeared, and few if any cases have occurred for a series of years—when, as suddenly, it will again prevail, and subject to its influence even those who were supposed to be the most secure from its attacks. This will, in all probability, be the case with the vast body of men who fill the ranks of the Prussian army:—small pox has now ceased to appear among them, but after a few years have passed by, we shall, no doubt, hear of its occurrence among them, to as great an extent as formerly, notwithstanding they may be re-vaccinated year after year.

We are totally ignorant of the nature of the change produced in the human constitution by the vaccine virus, by which it is, to a certain extent, (differing in different individuals,) protected from the influence of the variolous infection—it is in vain, therefore, to argue as to the causes why that protection should be more perfect in one case than in another. In severe epidemics of small pox, we know that many fall victims to it, who, in ordinary visitations of the disease, are unaffected. We know, that in those who have suffered from the most violent attacks of variola, small pox often occurs a second time, and, not unfrequently, terminates fatally; why, then, should it be supposed that the milder influence of the vaccine infection—which is, doubtless, merely a modification of the variolous disease—will afford a more secure protection?

Dr. Condie observed, that from the high professional character of the medical officers of the Prussian army—the opportunities which they enjoyed of observing the individuals upon whom they operated, from the period the matter was introduced into their arm until the disease had entirely completed its course, and of noting, generally, the various influences to which they are subsequently subjected for several years—the numbers operated on, and the continuance of the experiment, if it may be so termed, year after year, since the year 1830, are circumstances which give to the series of re-vaccinations performed by them a degree of authority, far beyond what can be allowed to almost any of the others which have been undertaken. Now by the result of these re-vaccinations, it is proved beyond the possibility of a doubt, that in a number of those who have been, to all appearances, successfully vaccinated, the disease may be reproduced by the insertion of matter, with all the characteristics of the primary genuine infection; that, after one or more re-vaccinations the patients become unsusceptible to the vaccine infection, and that the re-vaccinated are beyond comparison less liable to an attack of small pox, when exposed to its contagion, than those who have been only once vaccinated—as is proved by the almost complete absence of variolous disease in any of its forms in the different garrisons of Prussia—where it prevailed formerly to a very great extent, and notwithstanding the soldiers have been repeatedly exposed to its influence.

The fact noticed by the gentleman who last spoke, of the sudden cessation of epidemic small pox, the non occurrence of cases of the disease for many years, and then its sudden recurrence, and spread over a large portion of the world, and attended with so great a degree of virulence as to attach in numerous instances the protected as well as the unprotected, Dr. Condie fully admitted. The variolated, in common with the vaccinated, in respect to whose full infection there could exist no reasonable doubts, have been under such circumstances, attacked with small pox, and have been destroyed by

it. But it is not the less true, that innoculation and vaccination both afford a very safe protection against small pox to the majority of those who have been subjected to their influence. The question at present under discussion is, will re-vaccination augment the certainty of the protection afforded by the vaccine disease; Dr. Condie believes that the affirmative is established by the re-vaccination to which the soldiers of the Prussian army have been submitted, for a period now of about thirteen years. Upon the occurrence of some severe variolous epidemic, many of the re-vaccinated may possibly be re-attacked, but he is persuaded that the number of those attacked will fall far short of what it would be had re-vaccination not been adopted.

The gentleman who has just spoken seems to think that because individuals who have suffered very severe attacks of small pox, have become again attacked by the disease, the vaccine infection, so much milder in all its effects, must be viewed as affording a less perfect protection. But it is to be recollected that many believe, and refer to facts to bear out the opinion, that the great majority of cases of secondary small pox occur in those in whom the primary attack was of a peculiarly severe character, and that the disease very seldom attacks a second time those who have been innoculated. This corresponds with our own experience—hence we may reasonably infer, that the protection afforded by variolation or vaccination depends upon its exerting a certain degree of influence upon the organism—and that whether the influence greatly exceeds or falls much short of this particular grade its protective powers are impaired. It is probable that the vaccine virus, which is nothing more than that of variola modified and rendered milder in its effects by its passage through the cow, when introduced into the human system, exerts precisely the influence best adapted to shield it from the contagion of small pox, and that notwithstanding the greater mildness of its effects, it affords a more certain protection than does the genuine small pox poison under any circumstances.

Dr. Pepper should hesitate, he confessed, to employ vaccine matter that had been kept for any length of time. It would appear to be a very general opinion, that the more decided are the effects upon the system resulting from the vaccine virus which is introduced, the more perfect is the protection afforded. Now the more recent the matter that is employed, the more intense, in general, are the phenomena produced by it. Many of the European practitioners employ only the lymph taken from the arm, between the fifth and eighth days; and probably the greater success which has attended the operation, and the few who after vaccination have become affected with the small pox in Europe, than in this country, may be attributed to the virus of the lymph being more active than that of the dry crust, especially when this has been kept for any time. Some of the

physicians of Europe, to secure the full influence of the virus upon the system, insist upon the necessity of inserting it in one or two places at the same time. Whether greater protection is afforded by this procedure, he is not aware. He is convinced, however, that it would be prudent for physicians to renew, at proper intervals, their supply of matter from the cow. Almost all who have employed matter recently procured from the original source, bear testimony to its greater activity, and the more decided influence it exhibits upon the system when introduced into it.

Dr. Griscom thought it important that the real value of vaccination should be better understood. He had heard physicians decline recommending re-vaccination, on the ground that it would diminish popular confidence in the protective power of the vaccine disease. The diminution of that confidence was, however, to be attributed to the circumstance of physicians calling for more faith than they could warrant. While not disposed to deny that a perfect vaccination in *some constitutions* was a perfect protection from the variolous infection during life, he believed there was evidence on record and constantly accumulating, to prove that the effective power of the great mass of vaccinations, in the great majority of constitutions, *did diminish with time.* As the subject had been unexpectedly introduced, he was not prepared to give statistics, other than had already been referred to by Dr. Condie, except a reference from memory to the table given by Dr. Geo. Burrows, in Tweedie's Library of Practical Medicine. This table exhibits the mortality of small pox at different ages and under different circumstances, as displayed in the Small Pox Hospital of London, in the epidemic of 1838; by which it appears that no children who had been vaccinated, were admitted under five years of age, and only a very small number under nine years of age.

[*Note.* By a reference to the table, we find, as stated, that no vaccinated children were admitted under five years of age, and only five under nine years; while of the unvaccinated, forty-two were admitted under five years, and thirty-seven between five and nine—making seventy-nine *unvaccinated*, to five *vaccinated* admissions under nine years of age. And what makes the evidence still stronger, after this period of time, the number of admissions from the classes rapidly approximate. Thus, from 10 to 14, there were thirty *unvaccinated* and twenty-five *vaccinated*; and from 15 to 24, two hundred and nineteen *unvaccinated*, to one hundred and ninety-six *vaccinated.*]

That there is a marked tendency to receive the variolous infection at a period of from eight to ten years from the period of vaccination, is also rendered probable from the history of vaccination.

For the first eight or ten years, the confidence in its protective power appears to have been complete ; but eleven years after Janner's discovery, we find Dr. Brown, of Manchester, publishing the opinion that the efficacy of vaccination diminishes as the distance from the time of vaccination increases.

Dr. Parrish, remarked, that he had been disposed to take much the same view of this subject, as that expressed by Dr. Meigs. There could be no question of the great value of vaccination as a means of protection from small pox, but it does not follow that the protection should be perfect and uniform in all cases. We know how varieties of constitution modify the progress of diseases, and how various are the susceptibilities of individuals to morbid impressions; now this law of idiosyncracy operates in reference to vaccination and small pox, and may explain some of the difficulties which encompass this subject. A re-vaccination may protect one individual through life, while in another individual the introduction of the same matter, acting with equal efficiency, may afford but partial protection.

The doctor considered his own case as illustrative of this fact --he was vaccinated when eight days old—had never subjected himself to the operation since, and had never had varioloid or small pox; although repeatedly exposed to the contagion in its most concentrated form.

The doctrine stated by Dr. Griscom, and held by many eminent authorities, that in the great majority of constitutions the protective power of vaccination diminished with time, and hence that re-vaccination every 8 or 10 years might become necessary, and would afford protection, might be fairly questioned, when it is remembered that the appearance of the disease in the periods referred, to may be explained, not by supposing that the protective power has worn out, but that it is subjected to more severe tests, from the fact of the epidemic influence being more concentrated at particular periods.

Small pox, like many other epidemic and contagious diseases, is subject to the law of periodicity;—epidemics, we know, prevail over regions of the earth at particular periods, and then disappear for many years—now may not the appearance of an epidemic, such as has prevailed during several years past amongst us, account for the first symptoms of varioloid, amongst the vaccinated—while the decline of the epidemic or its final disappearance for a number of years, may exempt us from the disease, and thus give force to the opinion that re-vaccination has been the means of producing a result, brought about by natural causes, of the nature of which we are ignorant?

Dr. Moore considered the results afforded by the series of re-vaccinations performed on the soldiers of the Prussian army to be

in the highest degree interesting and instructive. The subject of re-vaccination had for many years occupied a good deal of his attention; he had been among the first to propose and practice it in this city, and the results of the operation, within the sphere of his observation, had been very satisfactory. He had been able, it is true, in but a very small number of cases indeed, to produce, by the introduction of vaccine matter into the arms of those who had been already vaccinated, any thing approaching to an affection marked by the phenomena and phases of the genuine vaccine disease—in the majority there were such marked differences between the appearance and subsequent course of the vesicle from re-vaccination and that resulting from the primary operation, as fully indicated that the system was to a certain extent protected against the full influence of the virus. Nevertheless he believed the practice of re-vaccination to be recommended by the dictates of prudence, and that it really does afford an additional security to those who are subjected to it; at any rate it is a very fair test of the amount of protection afforded by the original vaccination. Of the genuineness of the disease produced by the insertion of the matter in the first instance, we can only judge by subjecting the individual a second time to the influence of the virus.

SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

FROM NOVEMBER AND DECEMBER, 1844, TO MARCH, 1845.

Stated Meeting, November 5th, 1844.

DR. HEWSON, *President*, in the Chair.

Present, nineteen members.

Dr. PARRISH presented and read the ANNUAL REPORT ON SURGERY, as follows:

IN a review of the events of the past year that bear upon the progress of Surgery, we may be excused for selecting, as the chief topic for a report, the subject of the accidents growing out of the late tumults, which have so fearfully agitated this community. Happily, opportunities for American surgeons to add any thing to the already accumulated experience upon the department of our science known as Military Surgery are rare. We live in an age and in a country distinguished by the reign of peace; and if the general tranquillity has been occasionally disturbed by popular commotions, they have generally subsided or been suppressed, without a resort to arms.

It has been reserved for this fair city, once pre-eminent for the prevalence of good order, to furnish the most memorable example of a riotous outbreak which occurs in our country's annals; an outbreak attended with bloodshed, and with the loss of human life.

Aside from the contemplation of this dark page in our history, which, as republicans and Christians, we, in common with our fellow citizens generally, must sincerely deplore, it becomes our profession calmly to look back upon the scene of desolation through which we have passed, and to view it in its relations to the cause of science, and to questions affecting human life. Such a review, although it may elicit nothing new or extraordinary, cannot be without interest; and we shall therefore proceed to notice such cases, growing out of the riots, as we have been able to collect, without, of course, attempting a full account of the whole affair.

The Following TABLE, kindly furnished by Dr. Logan, one of the resident physicians of the Hospital, will exhibit the number of patients admitted during the riots, with their names, ages, nature of the wounds, and the results; together with such brief remarks as each case suggested:

Cases of Gunshot Wounds brought into the Pennsylvania Hospital during the Riots of May and July, 1844.

DATE OF ADMISSION.	NAME.	AGE	NATURE OF WOUND.	DATE OF DEATH.	DATE OF DISCHARGE.	REMARKS.
May 6,	Joseph Cox,.....	.24	Gunshot of Abdomen.	May 21,		The ball (apparently from a Pistol) entered the left groin, and was found after death, loose in the cavity of the pelvis, having traversed the viscera without any apparent wound. Died of Peritonitis.
May 7,	John Fagan,.....	.23	Gunshot of Shoulder.		June 19, Cured.	The ball (Rifle) entered the top of the left shoulder, penetrated the supra spinatus and infra spinatus muscles, the spine of the scapula, and came out below its inferior edge. After he left the Hospital, a considerable number of spiculæ of bone were discharged.
May 7,	John M'Aleer, ...	.35	Gunshot of Thumb,		May 9, By the public authorities.	The thumb was carried away by a ball. The first phalanx was fractured and afterwards removed.
July 7,	Jas. Linsenbigler, .	.19	Gunshot of Abdomen.	July 8,		The ball (of a large size) entered the right groin, and passed out of the ischiatic foramen of the opposite side. He never fairly reacted.
July 7,	Thomas Saunders,.	.19	Gunshot of Chest.	July 9,		The ball (Musket) entered the chest, one and half inches inside and above the left nipple. It was extracted two inches to the left of the spine, and one inch above the inferior extremity of the scapula. Complete reaction took place two hours after his admission into the Hospital. No post mortem examination was made.

July	7,	David Kithcart,...	.19	Gunshot of Abdomen.	July	10,		The ball (of a large size) entered three inches to the left of the umbilicus, and passed out at the same distance to the right. There was a protrusion of several feet of the small intestines. The wound was dilated and the intestines returned. He died of Peritonitis.
July	7,	James Barr,.....	.18	Gunshot of Arm.			Aug. 2, Cured.	This was a mere flesh wound, most probably from a Musket ball.
July	7,	John Huested,....	.23	Gunshot of Arm.			Aug. 2, Cured.	This also was a mere flesh wound.
July	7,	James Tully,.....	.36	Gunshot of Forearm.			Sept. 14,	This was a flesh wound from a large ball. The cure was retarded by the inflammation extending down the fascia of the forearm.
July	7,	Henry Troutman,.	.30	Gunshot of Groin.	July	8,		The slug entered the left groin, severing the femoral vessels, and passed out the ischiatic foramen. He never reacted.
July	8,	Elijah Jester,.....	.32	Gunshot of Chest.	July	12,		The slug entered the left side of the chest, fracturing the second rib, close by the sternum, penetrated the upper portion of the lung, and lodged in the cavity of the chest.
July	7,	James Crawford,..	.18	Gunshot fracture of the head of humerus.			Aug. 20, Cured by amputation.	The bone was shattered by a canister or grape shot. The arm was amputated at the joint.
July	8,	Edward Lyon,....	.25	Gunshot of Arm.	July	24,		The slug entered the front of the arm, passed through the axilla, inside of the vessels, (they being thrown out by the raised position of the arm) and was extracted outside of the external edge of the scapula. He died from absorption of pus, his lungs being covered with metastatic abscesses.
July	7,	William Manning,	.19	Gunshot fracture of femur.			Remains under treatment.	The ball (Musket) passed through the right thigh without fracturing the bone, entered the left, and made a comminuted fracture of the os femoris. The ball was completely flattened against the bone, being afterwards extracted. He is now doing well, and has every prospect of having a good serviceable limb.

The total number of persons killed during the riots of Kensington and Southwark, amount to seventeen; nine in the former and eight in the latter. Of these, the larger number died on the ground, or before medical aid could reach them. Of those who survived the first shock of their injuries, or were not mortally wounded, fourteen were conveyed to the Pennsylvania Hospital, and received the prompt aid of the surgeons of that Institution.

It will be seen, by the foregoing table, that of the fourteen cases reported, seven died. The larger number were admitted on the evening of the 7th of July, during the battle between the mob and the soldiery which occurred in Southwark; and from the contiguity of the Hospital to the scene of action, but little time elapsed before they were placed under surgical treatment. In several of the cases seen by your reporter, where the wounds were mortal, the patients were tormented with that intense and insatiable thirst which occurs in some forms of low fever, and in very prostrate conditions of the system, and which is noticed as amongst the most horrible torments on the field of battle; together with vomiting, and extreme jactitation and restlessness. In two of the cases, death occurred without reaction, while in several others, the patients lingered in a hopeless condition for several days. It was also remarked that the wounds by slugs were more severe and dangerous than those by balls—the slug being irregular in shape, and producing more extensive lacerations of the parts with which it comes in contact.

Of the particular cases mentioned in the table, we would briefly refer to several, as presenting points of unusual interest. First—the case of Joseph Cox was remarkable from the fact, that a ball should have traversed the lower portion of the abdomen without inflicting injury upon any of the viscera; and that the patient should have lived fifteen days with a ball lying in the cavity of the pelvis. It would seem probable that had the ball found an exit from the right side, without injuring any of the vessels, that this patient would have recovered, notwithstanding its passage through the abdomen.

Both of the cases in which the cavity of the chest was penetrated, terminated fatally. In the case of Saunders, the ball was extracted, after having probably passed through the left lung, judging from the direction which it took, although no post mortem examination was permitted; this patient died on the second day after admission.

In the other case, the wound was made by a slug, which was not removed, and the patient died on the fifth day after admission. It may be remarked that gunshot wounds of the thorax, in which the ball passes through one of the lungs and comes out on the opposite side, or even where it lodges in the cavity, are by no means *invariably* fatal. Many cases are on record of recovery after such accidents; and Dr. Godon, an intelligent surgeon recently attached to the United States Navy, informs me that several such recoveries fell under his personal observation while on a recent visit to Vera Cruz,

and that the surgeons of that country state such results to be by no means uncommon. It is attributed by the South American surgeons to the remarkable salubrity of the atmosphere which prevails in that climate, and to the good constitutions of those who meet with these accidents.

It will be seen that but one case occurred requiring amputation, and that this was successful.

The urgent necessity for immediate amputation after the establishment of reaction, in all cases of severe gunshot wounds of the limbs, attended with comminuted fracture of the bones, especially where joints are involved, is warmly advocated by the most authoritative writers on Military Surgery. In the case of Crawford, there was a comminuted fracture of the neck and head of the humerus, requiring amputation at the shoulder joint. The operation was performed by Dr. Norris about two hours after his admission, and fifteen hours after the reception of the injury. The result was as stated, and the patient was discharged, cured, on the 20th of August.

In the case of William Manning, an attempt was made to save the limb, contrary to the generally received doctrine in such cases. The result is particularly interesting, as forming an exception to a general rule. All agree that gunshot fractures of the thigh are attended with great danger, and are, in the larger proportion of cases, fatal; and that the necessity for immediate amputation is imperative. On this point, the following strong remark is made by Guthrie :— "Upon a review of the many cases which I have seen, I do not believe that more than one-sixth recovered, so as to have useful limbs; two-thirds of the whole died either with or without amputation, and the limbs of the remaining sixth were not only nearly useless, but a cause of much uneasiness to them for the remainder of their lives." This opinion is confirmed by Hennen, who asserts that, without having made any accurate calculations, he is strongly inclined to assume Mr. Guthrie's estimate as correct; "even including the cases of officers, who are not subjected to the risks encountered in crowded hospitals; in these situations, says he, the cases which I have witnessed have, on some occasions, been deplorable. Not a single case has done well where amputation was deferred, and even where it was performed, two out of three have died. In other instances, the losses have not been so severe; but I have never known a larger proportion saved than that assigned by Mr. Guthrie." (*Principles*, 3d Ed., p. 110, Lond.) The testimony of the French army surgeons tends to the same conclusion. Baron Percy states that scarcely two in ten of such cases recover. Ribes, who has never seen a single cure, gives ten examples, which, despite of every possible attention, proved fatal. Dupuytren, when giving the result of his long experience in compound fracture, says—"On one point my opinion is unchangeable—on rejecting amputation in them, particularly when produced by gunshot wounds, more lives are lost than limbs saved."

Notwithstanding these eminent authorities, the surgeons of the Hospital determined to make an effort to save Manning's limb. His youth, temperate habits, and good constitution, were all in his favor, and rendered the case more hopeful than usual. The result appears likely to meet their most sanguine anticipations, and, should he recover with a good limb, his case will furnish an important addition to our experience on this interesting subject. The result is perhaps mainly attributable to his youth, as it is found that nearly all the cases of recovery after compound fracture of the thigh, whether produced by ordinary accidents or by fire arms, are in persons under age.

Before leaving this point, I cannot avoid an additional illustration of the effect of youthful vigor in restoring mutilated parts, drawn from the practice of the Hotel Dieu, during the memorable three days of July, 1830, as related to me by my friend, Dr. Ashmead, who witnessed the case.

A little boy about ten years of age, who became fired with the popular enthusiasm in favor of liberty, supplied himself with a pistol and a flag, and mounted the wall of an enclosure which contained a number of the French soldiery. The moment he reached the top, he received several bullets, and fell back upon the ground. On being conveyed to the Hospital, he was examined by Dupuytren, whose attention was at first chiefly attracted to a wound of the thigh, with comminuted fracture of the bone. He immediately decided on an operation, and preparations were made to perform it. While this was going on, however, Dupuytren discovered that the opposite thigh was similarly wounded, and that the boy had also been shot through the forearm and arm, the bones being fractured. He pronounced the case hopeless, ordered the wounds to be dressed, and passed on to the next patient. To the surprise of all parties, this little boy recovered, and though lame, had useful limbs.

Dr. Ashmead further states, that the opinion of Dupuytren, in reference to the necessity of immediate amputation after gunshot wounds, as heretofore expressed, was confirmed by the results of his practice during the memorable period referred to; and when it is stated that nearly 900 cases of wounds from fire arms, exhibiting every variety of accident, were admitted into the Hotel Dieu during this sanguinary conflict, the weight of the opinion cannot be questioned.

With these remarks we shall leave this interesting table, and pass on to examine several cases which occurred in the private practice of medical friends, growing out of the same melancholy occurrences.

We are indebted to Dr. Norris for some brief details of the following case:—

Amongst the wounded at the Kensington riots, the case of A. R. P. deserves notice, from the successful issue which followed speedy am-

putation. This individual received a slug wound on the evening of May 7th, while on the ground at Kensington. He was struck about the middle of the arm, the slug passing through the limb, with extensive laceration of the soft parts, and producing a frightful comminuted fracture of the humerus; the bone being splintered so far up, as to make it necessary to amputate very near to the shoulder.

The patient, who lived in the lower part of the city, did not reach home until late at night, and about midnight Dr. Norris saw him. He found him suffering extreme pain; much exhausted from loss of blood and from abstinence, as he had not eaten any thing since morning. Amputation was immediately performed. No unpleasant symptom followed, and Dr. N. ceased his attendance in about three weeks.

A case which fell under the joint care of Dr. Remington and your reporter is especially worthy of record, from the fact of the perfect restoration of a limb after a pistol shot, which penetrated the thigh, and fractured the femur just above the condyles.

M. H., a stout, muscular man, aged about 25 years, while marching in the ranks of a military company to the scene of the riots in Kensington, on the afternoon of the 8th of May, was shot by the accidental discharge of a six-barrelled revolving pistol, which dropped from the belt of an officer of the company, who was marching about twenty feet in the rear of him.

The ball, passing between the men who were marching behind the patient, struck him upon the inside of the leg, while in the act of raising the limb to make a step. It entered just opposite the head of the tibia, a little below the knee joint, and passing obliquely upwards and outwards, it struck the os femoris, about an inch and a half above its articulating surfaces, producing an irregular fracture, with lateral deformity and slight shortening of the limb; without, however, an entire separation of the bone, throughout its whole breadth. A ragged edge of bone could be felt under the skin on the outer side of the thigh—and the patient suffered extreme pain from the least motion: no appearance of the ball could be detected.

The treatment consisted in the application of Desault's splint, as in ordinary fracture of the femur. Tr. opii gtt. xx. were directed every four hours, or oftener if the pain was severe; and a lotion of lead water and laudanum was freely applied to the limb with wetted compresses. On the 9th, the limb was much tumefied and painful, although the patient had intervals of comfortable sleep, and was free from fever. One hundred American leeches were directed to the limb, and the lotion to be continued. On the 10th, the swelling had subsided, and the pain was less severe; he was directed a saline cathartic, and continuance of the other treatment. From this period no unusual symptom occurred, different from an ordinary case of fractured thigh.

The parts traversed by the ball healed up without suppuration,

and, at the end of two months, the patient was allowed to give slight motion to the limb. He recovered with a very slight limp, and experiences no other inconvenience at present, except that the limb is at times painful from changes in the weather. The ball has not yet been discovered. The favorable issue of this case is probably attributable, in a great measure, to the small size and smooth surface of the bullet, which is not larger than the largest sized buckshot; to the velocity with which it entered, and to the unusual thickness of the bone at this point. The patient, also, was young, of a remarkably fine constitution, and of temperate habits.

The following case, furnished by Dr. Ashmead, has some points of resemblance to that just mentioned, while the result was equally gratifying.

T. S., aged about 45 years, was wounded at the Southwark riot on the 7th of July. He was struck by a bullet on the outer and inferior edge of the patella, fracturing its lower half into four or five fragments, the upper half remaining entire. The ball wound around the head of the tibia, and came out at the edge of the popliteal space behind; then entered the internal surface of the left leg, passed through the gastrocnemii muscles, and emerged externally, without injury to the bones. The cavity of the right knee joint was of course opened. The patient immediately fell, although he experienced no pain: there was considerable hemorrhage from the wounds.

Dr. Ashmead saw him in about five hours; he immediately dressed the wounds with lint, smeared with simple cerate, and over this a poultice, avoiding most carefully, throughout the treatment, the access of air to the cavity of the knee joint. The fractured limb was placed on a straight splint, and kept at perfect rest; and anodynes were ordered at short intervals. On the following day, the right limb was much tumefied, although without severe pain. The patient had twitchings in his sleep, tympanitis, loss of appetite, and general restlessness; and, for ten days, the danger of tetanus appeared to be imminent. During this period, opium was freely administered, with stimuli and nutriment—and the patient escaped. After this he improved rapidly, and at the end of four weeks, was able to sit up, and was allowed to give slight motion to the joint.

When last seen, November 1st, he was found to have as free use of the limb as is usual after ordinary fracture of the patella—a firm ligamentous union having taken place between the fragments. The circuitous course of the ball, passing around the head of the tibia, and traversing a route of four or five inches without entering the joint, was remarkable—as was the recovery of the use of the limb to its present condition, without serious inflammation and stiffening of the joint.

We are also indebted to Dr. Ashmead for some interesting details of the case of Nathan Ramsey, one of the first wounded in the Kensington riots. This young man was just 21 years of age; said to

be of an amiable disposition, and much respected. He was shot on the evening of May 6th, by a ball which penetrated the upper portion of the right side of the thorax, near the edge of the sternum, and passing a short distance obliquely, entered the left thoracic cavity in front of the pericardium, and then passing directly backward, came out under the posterior edge of the left scapula.

In this course, the cartilages of the second and third ribs of the right side were torn from their junction with the sternum; the sternum was fractured, as well as the lower edge of the fourth and the fifth ribs of the left side, fragments of bone being thrust in upon the lung; the upper lobe of the left lung was traversed by the ball, which passed within one-eighth of an inch of the descending aorta; the right internal mammary and fifth left intercostal arteries were divided.

Profuse hemorrhage immediately followed from both wounds, which continued for several hours, producing rapid and extreme exhaustion; the patient lying nearly pulseless through the night. No pain, but excessive and unquenchable thirst. The hemorrhage was arrested by a plug to the wounds. Tr. opii. gttv. q. h. and cold drink were directed, and perfect rest enjoined.

On the 7th, slight reaction had occurred; the patient was distressed by laborious respiration, and by a frequent spasmodic cough without expectoration: there was slight emphysema around the wounds.

On the 8th, emphysema extensive; great oppression and cough. It was deemed advisable to dilate the wounds.

9th.—Symptoms had improved; patient took freely of nutritious and stimulating drinks.

10th.—Profuse discharge of bloody serum from the wounds—on the 12th, this became dark and offensive, and was thrown up by coughing, resembling the expectoration which occurs in gangrene of the lungs. On the 16th, the patient had gained considerable strength; he took large quantities of nutritious drink, and was allowed to be placed on a bed up stairs, as he had lain on a settee since the accident. His pulse varied for some days past, from 90 to 120 in the minute.

17th.—The moving appears to have aggravated the symptoms; pulse too frequent to be counted; cough frequent and irritating, with expectoration of bloody mucus, and discharge of similar matter from the wounds.

20th.—Discharge of bloody serum from wounds abundant, with occasional escape of fresh blood, both from wounds and by expectoration; patient still very prostrate, but takes nourishment freely and with relish.

22d.—On examining the anterior wound, it was found to be partially closed by granulations; that portion which remained open

being on the left side, and communicating, apparently, with a cavity in the left lung.

25th.—Discharge from wounds purulent and healthy; strength, pulse, and respiration, all improved; appetite still good.

28th.—Patient was awoke at three o'clock A. M. with slight cough and spitting of blood, which rapidly increased, and issued freely, also, from the wounds. He expired at five o'clock A. M., from hemorrhage.

Autopsy, 12 hours after death. External wound as described; the torn cartilages and sternum of right side being covered with healthy granulations. The right lung healthy; the pleura costalis and pulmonalis adherent throughout, from recent inflammation, the probable result of the admission of air through the external opening. Nature had, however, entirely protected this cavity from farther exposure, and the lung had acted with efficiency. In the left lung a very interesting state of things was discovered. The patient had suffered from an attack of pleuritis in this side about a year previous to his death, by which a strong band of lymph had been thrown across the thorax, separating the upper from the lower lobe of this lung, and forming, as it were, two pleural cavities—an upper, containing the superior lobe of the lung, and a lower compartment containing the inferior. The wound was through the upper lobe, about one-third of which appeared to have been destroyed and removed, leaving a cavity about two inches in diameter. The lung around this cavity was perfectly healthy, and it was separated from the aorta by a slip of healthy lung, about one-eighth of an inch thick. The external wound communicated with this injured portion, and sent off numerous spiculæ of bone, which penetrated it; the lower lobe was healthy. From the situation and size of the external wound in the thorax, the action of the heart and of the large vessels could have been seen through it, as they lay just within it; but it was not deemed prudent during life to inspect the interesting phenomena which must have been thus made evident.

The pericardium had not been opened; the same recent adhesions which existed between the pleura pulmonalis and costalis were, however, found between the heart and pericardium. The other viscera were healthy. The points of peculiar interest in this case may be thus summarily stated: the course of the ball, by which both cavities of the thorax were laid open, and the opposite lung to the side on which the ball entered, wounded, without touching the heart or large vessels; the prompt and partially successful efforts of Nature to repair the injury, by setting up inflammation in the pleural surfaces, whereby the access of air was prevented; the formation of a cavity in the part of the lung injured, and the complete separation of the healthy from the diseased parts; the existence of double pleurisy, pericarditis, and gangrene of the lungs, without the symptoms which usually attend those diseases; the absence of bloody

expectoration in the early periods of the case, notwithstanding an extensive wound of the lung, and the long period to which life was prolonged—notwithstanding the extent and severity of the injury—rendering it probable that the patient might have recovered had it not been for the numerous spiculæ of bone which were driven in upon the lung, acting as foreign bodies, and giving rise to the hemorrhage, which was the immediate cause of death.

The following case, mentioned by Dr. Condie, exhibits a curious instance of the circuitous route occasionally taken by balls, without inflicting serious injury.

A person (W. A., residing in Southwark) led by curiosity to visit the scene of the riots in Kensington, whilst in the vicinity of the firing by the mob, received a musket ball in his left hip. He immediately fell, and was at once conveyed home by his friends. Dr. Condie was sent for, the messenger informing him on the road that Mr. A. had been shot through the body. On arriving at the residence of the wounded man, the doctor was surprised to find neither in the countenance, pulse, or temperature of the patient's surface, any thing to indicate that he had just received so serious an injury. On examination, he found, directly over the great trochanter of the left femoris, a wound indicating the place of entrance of a ball, and on the left side, between the great trochanter and the anterior superior spinous process of the ilium, another wound where the ball had made its exit. The patient was able to rise up and support himself in the sitting posture without any difficulty or pain; and, on being requested, stood on his feet and walked some steps, with no other inconvenience than arose from a sense of constraint or stiffness at the hip joints; a feeling, as he expressed it, as though he was encompassed there with an iron band. The simplest dressings were applied, and a dose of Dover's powder administered to the patient. He rested well that night, and on the ensuing morning, the nature of the injury he had received was rendered very evident by a broad red streak, extending from the two wounds around the back. The ball had passed, beneath the integuments, from its place of entrance on the left side, across the posterior part of the body, to the right side, where it made its exit. The wounds were healed and the patient was entirely well within three weeks from the date of his accident.

This case completes the account of the wounds growing out of the riots. Your reporter regrets that the history is not more full and complete; but so far as information has been accessible, he has endeavored to procure it, and to embody the most interesting details in as condensed a form as possible. If any of the Fellows can add any thing from their own personal knowledge, or from that of their friends, it is hoped they will produce it, to be incorporated under one general head. No important practical deductions could be drawn from reporting those cases which terminated during the con-

flict or immediately afterwards, even if they could be procured. Most of them, it is believed, died from wounds through the head, which were necessarily fatal; while there may be other cases omitted of slight flesh wounds, which present nothing particularly worthy of remark. To such of our medical friends as have aided in furnishing the materials for this imperfect history, the thanks of the College and of their Committee are due.

There are several other subjects which might, perhaps, have been appropriately introduced into this report, but the length to which it has already been extended must be our apology for the omission.

Dr. Condie read the *account of a case of* Remittent Fever, *succeeded by symptoms of cerebral disease of a very peculiar character.*

Was called upon to visit Mrs. T. Sept. 30. The patient was about 35 years old; of a good constitution; rather inclined to fat; of a cheerful and active disposition; the mother of five children, the youngest of whom was born October, 1843. She has enjoyed the most perfect health since her infancy. Two days previously to my seeing her, she was accidentally exposed to a heavy shower of rain, without any means of shelter. That evening she experienced a severe chill, followed by fever of a remittent type, with two exacerbations in the 24 hours; the one in the morning, light and of short duration; the one in the evening, severe and of some continuance. During the exacerbations she complained of intense pain of the head, loins, and lower extremities, and great oppression at the epigastrium, with nausea and vomiting; but evinced not the slightest indication of delirium. Bleeding from the arm, cups to the epigastrium, brisk purgative of calomel, magnesia and rhubarb; followed by spoonful doses, every three hours, of a saline mixture, containing two grs. tart. ant. to the four ounces, were directed. By the 6th of October the fever was entirely subdued; all pain had disappeared; the pulse had become of a normal frequency, and slow; somewhat full, but perfectly soft; and the skin was cool and moist; but instead of full convalescence ensuing, the patient fell into a condition marked by symptoms of a very peculiar character. She lay upon her back perfectly motionless, her limbs relaxed, her eyes and mouth wide open, and the countenance devoid of all expression. The eyes presented a perfectly natural appearance—the pupils contracted and dilated according as they were exposed to more or less light, and the adnata was free from the slightest appearance of injection; the balls were perfectly immoveable. The pulse, in general, rather slow—full and soft—occasionally slightly accelerated, but never tense or contracted; it, in no instance, rose above 84, or sank below 60. There was evidently some dullness of hearing, but when spoken to in a loud tone, by persons with whose voice she was familiar, she heard and evidently understood whatever questions were put to her, to which she

replied correctly by motions. When directed to move her limbs in any direction, she did so readily, but very slowly; when told to close her eyes or mouth, she strained them more widely open—and when requested to protrude her tongue, she drew it forcibly backwards; when asked if she experienced pain, she replied invariably by a negative motion of the head; but when the question was put to her whether she desired drink or food, to the first she generally replied by an affirmative nod—and to the second, occasionally by a negative motion; when fluids or food were placed first within the mouth, she made no effort to swallow, but when they were introduced far back towards the root of the tongue, fluids were swallowed at once, and without the slightest difficulty. Certain articles of diet and medicinal substances, introduced in the same manner, in place of being swallowed, were pushed forwards by the action of the fauces, and the patient made motions to have such of them as were not sufficiently fluid to run out of the open mouth, removed by those around her. The face became flushed, and of a dusky red, and somewhat swollen, generally about two o'clock in the afternoon and towards eight in the evening; at other times it was pale and expressionless. The skin remained throughout all periods of the day soft and of a natural temperature; the temperature of the hands and feet, however, was uniformly and considerably diminished. The tongue slightly coated—dry, and of a dark colour in the centre, but otherwise soft and flabby, and neither unusually red nor pale. The patient was but little emaciated. Cups to the head—an active purge, followed by a pill three times a day of blue mass, ipecac. and rhubarb—sinapisms to the extremities, and a blister to back of the neck, were directed.

8th of October.—Symptoms nearly the same; the patient draws up her legs and throws about her arms at intervals, and exhibits a good deal of restlessness at night; bowels freely open; she is conscious of the calls to stool, and when she experiences them, makes motions to be assisted out of bed; passes water freely.

10th.—Flushings of the face less intense; pulse slow and feeble; her mouth slightly affected by the mercury; tongue nearly clean, still dry in the centre; bowels free; skin natural in temperature, soft and pliable.

11th.—Dr. J. K. Mitchell saw the patient with me. Symptoms same as yesterday, excepting that the patient is no longer able to pass her urine; bladder considerably distended; no complaint of pain or uneasiness from this cause; urine drawn off by catheter. A brisk purgative; infusion of Valerian; Sulph. Quiniæ, gr. ij.; Assafœtida, gr. iij. every three hours, were ordered.

14th.—Symptoms but little changed since 11th inst.; urine drawn off once in the twenty-four hours; bowels daily open; pulse fuller and more frequent, but soft and slow.

15th.—Patient can open and close her eyelids, and has regained

the natural motions of the jaw; urine discharged voluntarily; bowels open once in twenty-four hours; takes some slight nourishment; same treatment continued; no alteration in the condition and motions of the tongue.

18th.—Patient protrudes the tongue when desired; changes her position in bed without assistance; lays upon her side, and enjoys profound sleep at night.

20th.—Is able to chew her food; some slight ulceration of the back from long lying in one posture. Expression of the face natural and calm; expresses pleasure on seeing her friends; recognized the voice of one of her children in the street, and motioned to have him brought in; all flushing of the face has ceased for one or two days; colour of the face and surface generally only slightly paler than natural. Continue infusion of Valerian; omit other medicines; light nourishment. Still no attempt at articulation; the organs of the voice produce, indeed, not the slightest sound of any kind; the patient is strictly *mute*.

29th.—The patient continues daily to improve; still no attempts at articulation.

30th.—To-day the patient has attempted to articulate words, and laughs heartily at the awkwardness of her attempts, and the mistakes she frequently makes in substituting one word for another; is unable yet to utter more than single words, and these very imperfectly.

November 1.—Still continues to improve; sits up a portion of each day, and walks across the room with assistance. Commences to form sentences; expresses correctly her wants, and answers promptly questions put to her—sometimes vocally, but generally by signs; recognizes her acquaintances, and expresses pleasure on seeing them. Her mind is, however, evidently confused, and she occasionally imagines things which do not exist. Appetite good; digestion rapid; bowels open once or twice daily; urine natural in quantity and appearance, and discharged voluntarily; pulse slow and soft, and moderately full; temperature of the skin pleasant and well sustained. The countenance, when in repose, has a cheerful, but slightly vacant, expression; it quickly lightens up, however, upon the approach of her relatives or friends.

3d.—Continues to improve; speech more perfect; during the day, mind perfectly composed and collected—after night, some confusion and wandering. Ordered Dover's Powder at bed-time.

5th.—Still improving; has passed a more quiet night; converses fluently; gave accurate directions how to find some articles she had put away previous to her sickness. Directed opiate to be continued.

Dr. Hewson stated that, so far as his observations went, he had found nearly all the febrile affections of the present autumn to present a very marked tendency to cerebral disease. In two cases

which fell under his notice towards their termination, the cerebral affection was of a somewhat peculiar character. The one occurred in a female of middle age. When the Doctor was called, this patient was said to be in an apoplectic condition; but the phenomena she presented were certainly not those of genuine apoplexy. She retained a certain amount of intellect, and could move her limbs whenever she was requested to do so. The left side of her body had the appearance of being paralytic, but when she was directed to move the left leg, she did so without the least hesitation or difficulty; there was some doubt, however, as to the power of voluntary motion in the left upper extremity. There was no dilatation of the pupil of either eye, both of which appeared to respond promptly to the influence of light. The patient died the second day after the Doctor saw her, that being about the tenth day of the disease.

The second case occurred in a child. The patient exhibited the general appearance of an individual in an epileptic condition. He was unconscious, but affected at intervals with convulsive attacks, which were unattended, however, by foaming at the mouth, or by the stertorous or hissing respiration which is common in epileptic convulsions. This patient died soon after the Doctor saw him, and on about the fourteenth day of the disease.

Dr. Ashmead related the history of a *case of* Luxation of the Femur *into the foramen ovale*, preceded, for three months and a half, by disease of the hip joint; and, after one month's duration, reduced; the reduction followed by a perfect cure.

In 1844, *June* 13th, Mary Martin, æt. eight years, a poor German girl, general health good, active and intelligent, received a slight fall on both knees, and forwards on her face. She jumped up and ran home. Knees bruised, especially the right; this, by the third day after the accident, became swollen and acutely painful; notwithstanding, she kept about. Frictions, with a discutient liniment were used, and the swelling and pain disappeared at the end of a week. But about the *beginning of July*, it was observed that the patient walked rather awkwardly on going up stairs; and, by mere accident, it was noticed that one leg was somewhat longer than the other, and that one hip projected more than the other. Rest and bathing were employed for some weeks.

About the middle of August it was observed that the limb had still increased in length, with some pain in the knee. But she was able to walk slowly a short distance to school, a little limping.

About ten weeks from the first fall, or about the 23d of August, she received a second fall. She got up and walked without aid, but lame; the knee was not much worse until the third day, when she was entirely unable to walk, owing to the severe pain felt in the knee. A physician now saw her, and could not find any thing

wrong about the knee! and strange to say, *there was no examination* of the hip! Rest and an anodyne lotion were applied to the knee, and the pain soon abated. In one week the patient was able to walk a short distance, but limping; still the knee continued rather stiff, and the limb about one inch longer than the other.

Two weeks after the second fall, or about September 6th, she received a third and severe fall on her right side. Immediately severe pain was felt about the groin; she could not rise, and had to be carried into the house. The right hip and groin were very sore, and pain extended down the outside of the thigh; the ankle was sprained. She cried all night with pain; for two and a half days, the pain continued to be very severe, and she has not been able to walk or even to sit up, or lie on the right side, since the last fall. Various topical remedies were used.

October 1st, about three weeks and a half after the last injury, I first saw the case. The patient was lying on her back, with a thin, sallow, distressed countenance; some pain and uneasiness about the hip; no fever; sleep disturbed; bad appetite. Right foot slightly rotated outwards, and the whole limb lying off from the other (abducted) and elongated about one and a quarter to one and a half inches; incapable of flexion on pelvis; rotation, adduction, or any further abduction could not be effected without resistance and the production of pain; the limb seemed to be fixed immoveably in its present position.

Anterior face of thigh, at its upper third, evidently increased in the transverse diameter, and strikingly flattened, having lost the prominent anterior rotundity of the left. At the groin there was considerable tenderness on slight pressure; and instead of the natural hollow slope, there was a general fullness and firmness, without the rounded head of the femur being distinctly felt; two elevated points, and a gently rounded fullness of the head were, however, perceptible on either side of the acetabulum, and which were supposed to indicate the position of the bone. The plane of the shaft of the femur was on a higher level, and the trochanter major more anterior, than that of the opposite limb.

On the outer face of the thigh, the parts about the trochanter major were flattened latterally, not having the lateral bulging fullness of the left side, and a deep hollow existed in place of the trochanter; this being much nearer the median line than natural.

On the internal face, the soft parts seemed to encroach upon the labia, as if a greater fullness than natural existed there.

Diagnosis.—Luxation inwards and slightly upwards into the foramen ovale, with chronic disease, and filling up of the acetabulum. The patient was in apparent health when she received the first fall, after which she complained of the knee; limb slightly elongated: fell a second time; knee worse; general health bad; limb more stiff and more elongated: third fall on side, with a twist of the foot; feeling

of severe pain in the hip; inability to rise or sit up in bed, with appearances as above: hence the inference was that she laboured under coxalgia, which, slowly progressing, occasioned a filling up of the acetabulum, elongation of the ligaments of the joint, and a relaxation of the muscles; in this state a slight twist and fall on the trochanter was sufficient to displace the feebly supported head.

Prognosis.—Very doubtful if the dislocation could be reduced now without greatly aggravating the local disease; and if so, the danger was, that spontaneous luxation would very soon occur; also, the difficulty of reducing it would increase with its duration; therefore, the prognosis was, probably, permanent lameness.

Treatment.—To allay all recent irritation, and reduce, as far as practicable, the original disease, and wait as long as we prudently could before attempting its reduction. Cups were directed, every other day, about the groin and trochanter; lead-water, stramonium-leaf, and poultices; purge with calomel and jalap occasionally, and salts daily; to be allowed no meat, and kept at perfect rest.

October 5th, (one month since the occurrence of the luxation.) Limb felt less painful. Concluded to make *very gentle* efforts at reduction, to ascertain how she would bear the irritation, in order to enable us to judge as to the propriety of waiting longer. The patient lying on her back, the right thigh was very slowly and steadily approximated to the opposite one (adducted). It was then slowly (but firmly) flexed on the pelvis, to an angle of about 35°, when it was carried rather across the opposite knee, and an attempt made to rotate the foot inwards. An assistant was directed to hold the limb in this position, and make steady, gentle extension with his hands from the knee. With the flat part of my hand, I pressed pretty firmly, downwards and backwards, on the internal and most elevated part of the groin, (supposed to be the head of the femur,) for two or three minutes. A slight yielding movement of the lump was perceptible to my hand, and I immediately desisted, as these efforts were attended with considerable pain. The thigh was then slowly extended, (keeping up the slight extension,) and placed on the bed. There was less abduction and eversion of the foot, the prominence of the groin was slightly diminished, and there was some relaxation of the tension of the soft parts about the hip. No change (on a slight inspection) appeared in the length or in the position of the trochanter. Conclusion: head removed to the lower part of the foramen ovale. Means were now taken to allay any irritation that might have been produced in the previous disease of the socket, and to enable us to judge, from the effects of this gentle effort at reduction, of the propriety of, and time suitable for, making a further and more energetic attempt. The pain from our efforts, gentle as they were, was pretty severe, and lasted for twenty-four hours. It then ceased, the patient feeling better; the groin is less swollen, and she can make slight efforts to adduct the limb. She was retained in a

state of perfect rest; the knees tied in contact, and a thick compress placed high up between the thighs, from a belief that the head of the bone was now on the edge of the socket, and with the view of gradually forcing it in.

October 9th.—There is evidently less abduction of the limb; the patient can slightly adduct the right knee over the left; more freedom of flexion, and motions generally more free. Treatment continued.

15*th.*—Much improved; trochanter more prominent.

17*th.*—Upper third of thigh less flat; trochanter more prominent; the plane of the femur is farther back; groin more natural in appearance; elongation only $+\frac{1}{2}$ an inch; freedom of motion much greater; general health improved. Treatment continued.

22*d.*—General appearance of the patient much improved; her eye is bright; face fuller; appetite, sleep, pulse, tongue, and skin good: the thigh near the groin somewhat flattened, but this is gradually disappearing; trochanter still less projecting than natural; elongation one-fourth or one-third of an inch; can place her leg over left knee; rotation of the leg internally gives some uneasiness, but the motions are pretty free; external rotation free; can flex thigh, though somewhat stiff.

24*th.*—Improving; strict rest of body and mind; cupping is omitted, and purging less frequent. ℞. Mild iodine ointment to groin; increased diet; solut. iod. ferri, internally.

November, about the 20th.—Purging omitted; the patient sits up in bed occasionally.

December 20*th.*—Has been steadily and slowly improving, and now is permitted to walk about her room, very cautiously; she is a very little lame. Ointment and iod. ferri continued; diet improved. General health, sleep, and appetite very good; no uneasiness; appearance of limb perfectly natural.

1845. *January 7th.*—Medicines and ointment omitted. No pain or tenderness.

February 20*th.*—Walks up and down stairs, and every where; not the least lameness; no elongation; no pain nor tenderness; perfectly well.

March 28th.—Remains well, nearly six months after reduction.

Dr. Oppenheim, of Hamburgh, transmitted to the College, through its Secretary, a copy of his *Analysis of the Summary of its Transactions*, which was ordered to be placed in the Library of the College.

Dr. Anastatius Georgiades Leucias, of Greece, transmitted, through Dr. Morris, a copy of his Πυρετου Πεμφιγωδους η Λοιμου Αφορισμοι for the Library of the College.

On motion of Dr. Morris, it was

Resolved, That the receipt of Dr. Leucias's work be duly acknow-

ledged, and the thanks of the College be presented to the author for its donation.

Stated Meeting, December 3d, 1844.

Dr. Hewson, President, in the chair.

Present, forty-five members.

Charles R. King, M. D., and David H. Tucker, M. D., were duly elected Fellows.

The Chairman of the Library Committee, Dr. Moore, reported, that agreeably to the instructions of the College, he had subscribed, in its name, to the *Sydenham Society of London.*

A communication was received from the American Philosophical Society.

The Publishing Committee reported that the Eighth number of the Summary of the Transactions of the College had been issued.

The College proceeded to ballot for members of the Publishing Committee, to serve for the ensuing twelve months, when

D. Francis Condie,
Isaac Parrish, and
John Bell, were duly elected.

Dr. Condie stated that the patient, whose case he communicated at the last meeting of the College, had continued rapidly to improve in her general health. There was still, however, a disposition to confusion of mind when she was worried or excited from any cause, with occasional hallucinations and distressing dreams. These symptoms of remaining cerebral disturbance were, however, becoming every day less frequent and marked.

Stated Meeting, January 7th, 1845.

Dr. West in the chair.

Present, fifteen members.

T. R. Brinckle, M. D., and S. G. Morton, M. D., were duly elected Fellows.

Dr. Parrish announced that he would be ready to read the Obituary notice of Dr. Otto, with the preparation of which he was entrusted, at the next meeting of the College.

Stated Meeting, February 4th, 1845.

Dr. Wood in the chair.

Present, eight members.

Dr. Moore presented and read the *Annual Report on Meteorology and Epidemics*, the substance of which is as follows:

A Concise Statement of the Weather in 1844.

January may be pronounced to have been a cold, wintry month. The mean temperature was 28°, which is somewhat lower than the average for the last fifteen years. The highest temperature observed was on the 17th, when the thermometer rose to 54°. At 2 P. M. of the same day, there came on a squall of wind and rain, attended with a remarkable depression of the mercury in the barometer, from 29.3 inches to 28.9; and, during the storm, the thermometer fell 12°. These phenomena occurred within the period of half an hour. During the last week of the month, there was uninterrupted severe frost. On the 27th, the thermometer was observed at 9° before sunrise, and rose to 16°. On the 28th, the temperature was 8°, and in the middle of the day it was 19°. These were the coldest days observed. The predominant course of the wind was N. of W. On four days there was rain, and snow fell on five. Both collectively measured, in fluid, 4 inches, which appears to have been the average noted in January for fifteen years. For want of a series of observations in preceding years, the degree of evaporation can only be compared with what occurred in 1843. From this comparison, the month appears to have been dry.

February.—For the season, the weather in February was dry and pleasant. There were only five days in which the cheering aspect of the sun was not observed. For thirteen days the wind came from the South; and, of these, only on one did it proceed from the East of South. The 10th proved the coldest day, the thermometer ranging from 12° to 26°. The warmest day was on the 23d, when the thermometer rose from 34° to 38°. On only four days can it be said that there was no frost. The mean temperature for the month was 32°, which accords with what has been observed during the last ten years. On three days rain fell, and on four, snow was observed. The quantity of water obtained measured 1.45 inch; much less than is usually collected in February.

March.—For fifteen years, March has been generally colder, and the extremes of temperature observed have been greater, than in the present year. The greatest height to which the thermometer rose was 67°; this happened on the 25th of the month. On the same day, before sunrise, the thermometer stood at 37°. This ex-

hibits a range of 30°, the greatest noticed in the month, and not exceeded in the corresponding season for many years. The lowest temperature before sunrise was on the 5th, when the degree observed was 26°. On the 31st, the same temperature, both in the morning and in the middle of the day. On the evening of the 30th, there was a storm with lightning and thunder. On the succeeding morning, the tops of the houses were covered with snow. The mean temperature for the month was 44°, and the mean range, from morning to mid-day, was 13°. The sudden transitions and wide range of temperature may be considered as characteristic of the month of March. Five cloudless days were observed. On eight days the sky was completely overcast. On ten days there was rain; twice, when the sky had been occasionally veiled with clouds, the rain came in momentary showers. Twice snow was observed. From these sources, the water collected measured 4.53 inches. The barometer ranged from 29. 4-100 inch, to 30. 2-100 inch. For eight days, the wind blew steadily from the South of West; and on four other days, the wind came occasionally from the same quarter. During five entire days, the wind came from the North of East; and for a portion of four days, the wind had the same direction. For one entire day, the wind was from the South of East; and for a portion of two days, it came from the same point of the compass.

April.—The weather set in cold and clear. The thermometer, on the 1st of the month, stood at 27° early in the morning, and rose to 41° in the course of the day. The wind was fresh, and from the N. E. On the 4th, the thermometer ranged from 42° to 75°. From this period, there was a succession of warm, summer weather. On the 10th, the peach-trees were in blossom. On the 15th, the temperature ranged from 58° to 84°. The Missouri currant was now in bloom; at least ten days earlier than this phenomenon was observed in 1843. The mean temperature for the month was 58°, and the extremes were 27° and 84°. The greatest diurnal range was 33°, as noticed on the 4th. The mean range, from morning to mid-day, was 17°. The greatest elevation of the mercury in the barometer, according to the table presented, was 30.6 inches. Some persons noticed it to have been 30.8; this difference may be attributed to the position of the instrument. Until the 24th, only .30 of an inch of rain was collected; but from the rain which afterwards fell, the deficiency was not so remarkable; for the entire quantity measured 1.35 inch. In April, 1843, the quantity of rain did not exceed .70 of an inch. Lightning and thunder occurred in the afternoon of the 26th, succeeded by a beautiful rainbow. For eleven entire days, the wind blew from the North of West, and on three days, it came occasionally from the same quarter. On the 22d and 23d, the wind was from the South of East. On four days not a cloud was seen, and nineteen days were variable.

May.—During this month, the temperature was that of warm

summer weather, accompanied by light and genial showers. The mean degree of heat before sunrise was 59°; at mid-day, 73°; at these respective periods the extremes were 42° and 81°. S. W. winds prevailed for more than half the month. For seven days, the wind was from the N. W.; on the 22d and 30th it came from the N. E. It blew from the S. E. for the greater part of six days. The sky was completely overcast only for one day. Four days were without a cloud. The remaining twenty-six days presented clouds of various forms, with the cheering aspect of the sun. Rain was observed on fifteen days; often in inappreciable quantity. What was collected measured 3.09 inches. Lightning and thunder frequently accompanied these showers. On the 9th, fire-flies were seen, like little stars, moving over the surface of the ground.

June.—The rapid progress of vegetation during May afforded, in the beginning of June, the indication of an early and abundant harvest. In the warm and well cultivated portions of the State, the farmers commenced cutting the rye and wheat during the last week. The cheering and active scenes of mowing, reaping, and cradling were observed simultaneously in these districts. In some places the rye, and even the wheat, were successfully gathered in before the close of the month. The extremes of temperature in the morning were 54° and 76°; the mean was 63°. At mid-day, the highest degree of heat was 91°, and the lowest was 63°; the mean was 78°. For the whole month, the mean temperature was 70°. The greatest range of the thermometer, from before sunrise to the warmest portion of the day, was 22°, and the mean range was 15°.

South Westerly winds prevailed. Six days were without a cloud. The sky presented a variable aspect of fleecy and figured clouds during twenty-one days. For three days the sky was overcast; rain fell on these days, and light showers were noticed on four other days: this measured 3.35 inches. On the morning of the 11th, the thermometer with a moistened bulb stood at 42°; while that with a dry bulb indicated a temperature of 52°: the evidence of extreme dryness in the air. Very rarely was dew observed on the ground.

July.—The weather was very warm and dry during the three weeks closing with the 25th of the month. To this must be excepted the 4th and 5th. On the former of these days, the thermometer ranged from 62° to 70°; and on the latter, from 56° to 76°. The highest temperature observed in the morning was 76°; at mid-day, 95°. During this period of the month there were sprinklings of rain. On the 17th, and part of the succeeding day, the wind was from the N. E.; with this exception, westerly winds prevailed. The remainder of the month was cool and moist, there being an equal proportion of Easterly and Westerly winds. The mean temperature during the closing portion of the month was 73°; the extremes were 61° and 85°. For the entire month, the mean degree of heat

was 77°. Upon examining the meteorological tables for the last fifteen years, the month under consideration exceeded in heat any recorded since 1838, when the mean temperature was 80°. The quantity of rain collected during the month measured 5.28 inches; surpassed only by what fell in July, 1842, when 11.70 inches were collected.

August.—The heat, which had declined during the latter portion of July, increased considerably until the 11th of the present month. The mean temperature in the morning was 70°, and at mid-day, 83°. The prevailing wind was from the South of West; the sky seldom perfectly clear, though no day was completely overcast. Not any rain was noted during this period. After this, Northerly winds prevailed, and the air became cooler; the extremes of temperature being 66° and 86°. Light showers were occasionally observed. 2.40 inches indicate the quantity of rain which fell during the month.

September.—September proved more uniform in its temperature than generally characterizes the month in this climate. The storm, so generally observed when the sun crosses the line, was neither severe, nor of long duration. The weather, during the early portion, was calm and serene. The 12th was the only day, during three weeks, in which the sky was completely overcast. There was, however, an abundant shower on the 2d, which, according to the rain guage, measured 1.26 inches. The morning of the 19th was remarkably dry; the difference between the wet and dry thermometer was 10°. No traces of dew were seen on the grass. On the morning of the 29th the temperature noted was 44°. In the course of the day the thermometer fell to 44°, at which point it was observed on the succeeding morning. During the month, the extremes of temperature observed in the morning were 68° and 44°; at mid-day the extremes were 80° and 44°. The mean temperature for the month was 66°. For ten days the wind came from the N. E., and for eight days it prevailed from the N. W. Besides what has been already noticed, rain fell on the 21st, 25th, 28th, and 29th, in quantity measuring 2.68, which, added to what had previously fallen, amounted to 4.03. This is about the average quantity observed in September for the last ten years.

October.—The month set in warm, clear, and dry. The thermometer varied from 40° to 56° before sunrise, and in the course of the day from 56° to 73°. The mean for the first ten days was 57°. After the 10th of the month, the weather became cooler, though Southerly winds prevailed. During this period only one cloudless day was observed. On the 18th, it blew a heavy gale from the S. E., accompanied by 1.48 inches of rain. The storm committed great ravages in the vicinity of the City. The accounts from the West and the North described the destruction as very great. The closing portion of the month was mild, cloudy, and wet; the rain

measuring 2.20 inches. The predominating current of wind was from the N. E. Reviewing the month, the highest temperature was 73°. On the 30th, the thermometer was at 38° in the morning, and rose to 42°; this was the coldest day. The mean temperature for the month was 54°. The rain amounted to 5.02.

From the warmth and moisture which prevailed, vegetation, that had been checked by the dryness and low temperature of September, now advanced, and the fields acquired a beautiful verdure. The markets continued to be supplied with fruits and the more tender esculent plants, as peas, beans, and tomatoes.

November.—The weather, during more than half the month, was exceedingly mild; scarcely ever surpassed, at this season of the year, in our climate. In the morning, the mean temperature rather exceeded 42°. Ice was not observed until the morning of the 19th, when the thermometer stood at 32°. The greatest heat observed at mid-day was 62°. Towards the close of the month, the weather became colder, yet the thermometer never fell below 28°. The mean temperature for the month was 45°; the extremes have been already expressed. The barometer never rose above 30.2 inches, and was not observed lower than 29.5. Westerly winds prevailed. There were eleven cloudy days, and on nine days it rained, and twice hail was noticed. The rain guage indicated only 2.95 inches.

December.—Mild and moderate weather, with little rain, characterized the month. The lowest degree of heat observed before sunrise was 22°, and at this period of the day, the mean temperature was 30°. At mid-day, the thermometer rose to 60°, on the 7th of the month, and on the 28th it did not rise above 28°. The mean degree of heat observed during the month was 35°. Though there were but two cloudless days, the rain and melted snow measured only 2.75 inches. Northerly and Southerly winds were equally balanced; the wind came more frequently from the West than the East. Twice there was snow, and rain was noticed on four days. The mercury in the barometer stood for two days at 30.2, the wind blowing from the N. E. without rain; on the 23d, it fell to 28.9, the wind blowing from the West of North, accompanied by rain in the morning, and by snow in the evening.

Prevailing Diseases.—In tracing the diseases which occurred in 1843, the statement was made, that inflammatory affections of the mucous membrane lining the lungs and the passages communicating with the air we breathe, are observed at all seasons of the year; though their greater prevalence occurred before and about the vernal equinox, and after the sun had crossed the Equator in September. When this statement was made, the numerical proportion of such affections to the diseases of other parts of the system had not been the subject of particular attention. The cases noted in a limited field of observation would induce a belief, that one-third might be

referred to inflammation of the membrane adverted to, constituting the Catarrh and Bronchitis of medical writers. By the latter title, the fatal instances are recorded in the list of interments in the City and adjoining districts. In the period embraced in the present report, such affections have not been considered epidemic. Until after the autumnal equinox, the assemblage of symptoms corresponded with the character given to Catarrh by nosological writers. In October and the two succeeding months, the disease became more prevalent, and was generally ushered in by rigors, accompanied, often, by severe pain in the limbs. To these were superadded great disturbance of the stomach, indicated by nausea and bilious vomiting. In a few cases, diarrhœa was observed. The disturbance of the digestive organs prompted the exhibition of emetics; the operation of which, in many cases, was followed by a cessation of the nausea, and a mitigation of all the symptoms.

Inflammation of the other pulmonary tissues seems to have been in the proportion and degree observed in ordinary years. The bills of mortality do not indicate any greater number of fatal cases.

Of the Exanthemata, Scarlatina occupied the most conspicuous rank. During the months of January, February, and March, there were many fatal cases. In a widely-extended population, varying in habits and constitution, and operated on by causes not yet appreciated by medical writers, Scarlatina, like other epidemics, does not affect different individuals with equal severity. The disease was often mild, consisting merely of a scarlet efflorescence, with little or no affection of the throat. Considerable tumefaction of the tonsils, attended by an accumulation of mucus, and great difficulty in swallowing, was observed in most of the fatal cases. In some instances, extreme prostration of the system was observed at the very onset; in other instances, the indications of danger came on later. Fœtor of the breath was observed in the malignant forms, and was always a cause for apprehending a fatal issue. Death seemed to be often occasioned by the disease pervading the pulmonary tissues, oppressing respiration, and causing a livid appearance of the face. Lethargy, coma, and convulsions showed that the brain was implicated, and death was often induced by the determination or translation of the disease to the cerebral system. On a retrocession of the eruption, the symptoms generally announced this important organ to be affected. The acid odor of the breath was not uniformly associated with the corresponding acid condition of the urine, as observed in former years. The mortality falls far short of what was recorded in 1843.

Measles were rarely observed. From direct experience, no opportunity was afforded of noting the peculiar character of the disease. One person is recorded to have died of Measles in March, and another in May.

The ravages from Small Pox, which, in 1842, had been so appal-

ling, were observed to have greatly declined in 1843. Since the last report presented by your Committee, it is gratifying to be able to state that the mortality from this loathsome disease has been comparatively small. In March and May the disease appears to have been the most fatal. In February, July, September, October, and November, no deaths were recorded. In August, one person is reported to have died of Small Pox, and in December, two persons are stated to have been carried off by the disease. The total number of fatal cases, as far as ascertained, appears to have been nineteen.

An eruptive disease, bearing a resemblance to Small Pox, has been noticed throughout the year, though perhaps not so frequently as for some years past. If the information obtained be correct, such disease was observed at a period when Small Pox is supposed not to have existed within the City and adjoining districts. Headach, pain in the limbs and back, with some degree of nausea, were first noticed in the evening. To these symptoms succeeded fever, with slight remissions towards morning. At this period, the skin was often observed to be moist. Morning remissions and evening exacerbations prevailed until the morning of the fourth or fifth day, when the eruption generally attracted attention. When fully developed, on the second or third day, the eruption was generally conoidal, accompanied by pruritis, not always in proportion to the number of the pocks. On the fifth day, counting from the first appearance of the eruption, desquamation commenced.

Erysipelas was less the subject of medical attention than in 1843. Early in the year, in addition to the febrile affection and nausea that usually precede the inflammation of the skin, pain in the ear, and soreness of throat, were not unfrequently a source of great uneasiness. In December, the disease was ushered in by rigors and severe pain in the limbs, and more aggravated than in former seasons. The records of the Board of Health indicate fewer deaths than in the two preceding years.

Many cases of Erythema came under notice. A considerable proportion were occasioned by punctured and lacerated wounds. Where such local causes could not be traced, considering the peculiar temperature so long prevalent, it seems reasonable to refer the production of the disease, in some instances, to atmospheric influence—the acknowledged cause of some specific forms of Erythema. The ingesta, in some instances, proved to be the exciting cause; of which an example is afforded in the following case:

In November, some turnips, after being prepared for the table, by their peculiar appearance excited some apprehension in the cook. The instructions she received was to throw them away. Notwithstanding this admonition, one of the domestics, a young woman, chose to eat of them. In the evening she was affected with nausea and vomiting, accompanied by severe headach and pain in her

limbs. On the succeeding morning, her skin was observed to be affected. When visited, she complained of soreness of the throat and some difficulty in swallowing. She had nausea, and occasionally bilious vomiting. The tongue was covered with a white fur, but the papillæ were not elevated, as is observed in Scarlatina when the eruption first makes its appearance. There was an efflorescence of large red blotches on the face; the eyelids were slightly swollen. On the trunk and extremities the blotches were more defined; generally of an oblong or oval figure, varying from three to four inches in diameter. Their surface was smooth, the color shading off towards the margin. The limbs appeared somewhat tumid, firm, but not pitting. She complained of a sense of itching and heat. The skin was warmer than natural, and the pulse accelerated, indicating some degree of fever. The efflorescence continued for three days. The treatment consisted in the administration, at the first visit, of an antimonial emetic, succeeded by the exhibition of mild aperients. A bland diet was enjoined, such as the decoctions of rice and barley; and she was allowed a liberal use of cool water.

The Eczema Solaris was observed as early as the month of May, when, according to the remarks already made, the temperature equalled that of mid-summer. The other forms of Eczema, so generally traced to sudden vicissitudes of temperature, were noticed less during the summer than in the other portions of the year.

The *Lichen tropicus*, or Prickly Heat, was rarely observed.

Affections of the Brain were more frequently observed than in 1843. Apoplexy and Palsy were particularly conspicuous. The deaths from the former disease exceeded what have been generally recorded, though the mortality during the hot summer months of 1825 and 1838 surpassed what was observed during the past summer. Inflammation of the brain was of frequent occurrence; the bills of mortality do not, however, indicate an unusual proportion of deaths from this source. Of the remarkable affection of the Cerebral and Nervous system, in connexion with fever of a low type, exhibiting a curious cataleptic condition, a very interesting history has been already presented by a distinguished Fellow of the College. Similar cases came within the sphere of our observation, but under circumstances not favorable for watching the rise and progress of the disease. According to the notes preserved, these cases occurred in September and October.

To the quality and quantity of the ingesta, many of the acute morbid derangements of the stomach and bowels may be readily traced. Accordingly, affections of this character occur at all seasons of the year. Inflammation of the alimentary canal proceeds more frequently from the food that has been taken than from any atmospheric influence, though exposure to cold seems often to contribute in occasioning the disease. The weekly lists of interments present the greatest number of deaths from inflammation of the

stomach and bowels in June, and the smallest in February. Colic being caused, most commonly, by irregularities in diet, and by inattention to the due discharge of the fæces, is confined to no period of the year. In September, and during the subsequent months, the disease was often accompanied by bilious vomiting. In these cases the mild chloride of mercury, given in grain doses, at short intervals, seemed to exert the most favorable influence; correcting the irritability of the stomach, and bringing about a free discharge from the bowels, ineffectually attempted by enemata and purgatives of a bulky form. Some cases of Cholera were noticed in March, apparently occasioned by the character of the food. The Cholera incident to children during the period of the primary dentition, was observed early in May; and proved fatal to eight persons of this age, as recorded in the bills published by the Board of Health. In July, the deaths from this source amounted to one hundred and sixteen. The aggregate number of children who died of Cholera, during the summer months, is stated to have been two hundred and thirty. In 1843, the annual bill exhibits two hundred and sixty-eight deaths from Cholera Infantum.

Diarrhœa and Dysentery were more frequently the subject of medical attention than in ordinary years. Dysentery was comparatively mild, and yielded readily to gentle purgatives, succeeded by the compound powder of ipecacuanha, combined with the blue mass, or given with the syrup of Tolu, according to the ability of the patient to swallow pills, or to take the medicine in the other form.

The City of Philadelphia and the associated districts include a large population, of diversified habits and occupations, and exposed to the several causes inducing fevers of various type. On the borders of the Schuylkill, and in the neighborhood of pools of stagnant water, with which many sections abound, Intermittents and Remittents were occasionally observed in January. They became more frequent towards the vernal equinox, and prevailed extensively during the months of September and October, after which period the decline was very perceptible. In the densely-built portion of the City and districts, in ill-ventilated apartments, the fevers were of a Typhous and Typhoid character, according to the nomenclature now in use. From actual observation, it was difficult to give any account of the Typhus which seems to have been the frequent cause of death throughout the year. Typhoid Fever, corresponding to the Synochus of Cullen, seemed principally to affect delicate females, and persons of the other sex just approaching the age of puberty. The nervous affection accompanying several cases of this form of fever has been already anticipated in the remarks presented in the earlier portion of this report. When the cataleptic condition was not present, advantage seemed to have been gained by the exhibition of remedies adapted to allay the irritation—a practice which it is believed is gaining ground. The cases which came under no-

tice did not assume the protracted form occasionally met with in former years. For the most part, the disease terminated in the course of three weeks, leaving the patient extremely emaciated and feeble, and the convalescence was consequently slow.

SUMMARY.

Year 1844.	TEMPERATURE.			RANGE	DEW POINT.			BAROMETER.		WIND.				WEATHER.					RAIN AND MELTED SNOW IN INCHES.
										Days the wind blew				Days that were					
	Highest.	Lowest.	Mean.	Highest.	Highest.	Lowest.	Mean.	Highest.	Lowest.	North of East.	South of East.	South of West.	North of West.	Clear.	Various.	Cloudy.	Rainy.	Hail and Snowing.	
January,...	54	8	28	16	40	..	20	30.3	28.9	7	2	5	17	7	16	8	4	5	4.05
February,..	58	12	32	24	38	8	24	30.2	29.4	6	2	9	11	4	20	5	3	4	1.43
March,....	67	26	44	30	55	12	35	30.2	29.4	7	2	10	12	5	18	8	10	2	4.43
April,.....	84	27	58	33	65	20	45	30.6	29.7	14	2	10	4	4	19	7	6	..	1.35
May,.....	88	42	66	26	75	33	54	30.3	29.6	2	4	18	7	4	26	1	15	..	3.09
June,.....	91	54	70	22	72	28	57	30.3	29.7	5	4	13	8	6	21	3	8	..	3.35
July,.....	95	56	77	21	74	36	62	30.2	29.6	4	3	15	9	7	20	4	12	..	5.28
August,....	90	57	73	20	76	43	61	30.1	29.5	4	2	14	11	.	30	1	6	..	2.41
September,	86	44	66	21	72	31	55	30.3	29.3	10	4	8	8	7	19	4	6	..	4.03
October,...	73	38	54	23	68	28	..	30.4	29.4	10	4	11	6	6	12	13	9	..	5.02
November,.	62	28	45	22	54	10	..	30.2	29.5	8	1	10	11	4	15	11	9	H.2	2.95
December,.	60	22	35	19	66	15	28	30.2	28.9	6	3	12	10	2	19	10	4	H.2	2.75
Mean,..	—	—	54	12	—	—	—	Total,		83	34	135	114	56	227	75	92	15	40.16

On motion of Dr. Condie, the reading of the Obituary notice of Dr. Otto was postponed until the next meeting of the College.

Stated Meeting, March 4th, 1845.

Dr. Hewson, President, in the chair.

Present, eighteen members.

Dr. Parrish read an Obituary notice of Dr. John C. Otto.

Dr. Condie presented the annual report on *Diseases of Children*, as follows:

Since our last report, a most valuable contribution has been made to our knowledge of the pathology of the principal diseases of infancy and childhood, by the completion of the work of MM. Rilliet and Barthez. Availing themselves, with commendable industry, of the favourable opportunities afforded them for the study of the maladies incident to the early periods of life, and for tracing with care their phenomena, progress, and termination, and the several lesions peculiar to each, MM. Rilliet and Barthez have presented, in their Clinical and Practical Treatise on the Diseases of Children, one of the most complete and philosophical works upon the subjects embraced in it that has as yet been published. The materials it affords are well calculated to direct and facilitate the labours of those who shall follow in the same field of inquiry—and form the sure basis upon which may be established clear and accurate views in relation to the pathology and therapeutics of infancy and childhood.

The accuracy of the general conclusions at which MM. Rilliet and Barthez have arrived, are very fully borne out by the results of our own observations. In forming, however, a just estimate of the labours of these gentlemen, we must bear in mind the fact, that their investigations have been almost exclusively confined to those forms of disease which present themselves in the children of the poor and destitute classes of society, and those treated in the wards of an extensive hospital. No one who has seen much of the diseases of childhood, need be reminded of the very important differences which exist in the pathological character, progress, and termination of diseases occurring in children of the class which principally fell under the notice of MM. Rilliet and Barthez, and those ordinarily met with in private practice, and in the children of families residing in healthy localities and possessed of all the comforts of life.

We had at first intended to present, as our report, an abstract of the more important facts embraced in the work referred to; but, upon due reflection, concluded that the object of our appointment

would be better attained by a notice of the contributions of those whose attention has been directed, independently of each other, to particular diseases, or to certain particulars connected with the pathology or therapeutics of childhood.

In the July number (vol. viii. page 25) of the American Journal of the Medical Sciences, is contained a very able paper by Dr. Moreton Stillé on *Cyanosis, or Morbus Cæruleus*, in which the writer has presented a careful analysis of the morbid appearances that were presented by the various cases on record, calculated to throw light on its pathology. The facts which Dr. Stillé has adduced prove—

1st. That Cyanosis may exist without admixture of the venous and arterial blood.

2d. That there is no proportion between the Cyanosis and the degree in which the blood is mixed.

3d. That complete admixture of the blood may take place without Cyanosis.

4th. That the variation in the extent, depth, and duration of the discoloration is inexplicable by the doctrine of the admixture of the blood.

Dr. Stillé maintains that in every instance, Cyanosis is dependent upon a partial or complete contraction or obstruction, or upon an imperforation, of the pulmonary artery; that this lesion alone will account satisfactorily for the discoloration of the skin and the dyspnœa; that it is present in every case of Cyanosis—or, if absent, that there is always some other efficient cause for the disturbance of the pulmonary circulation; and, finally, that the lesion referred to never exists without the concurrence of Cyanosis.

These several positions are very fully borne out by the series of facts adduced in the paper referred to.

A very remarkable case of Cyanosis is related by Professor Huss, of Stockholm, which very fully sustains the views advanced by Dr. Stillé.

A lad, six years of age, who had exhibited from his birth the usual phenomena of Cyanosis, was admitted into the "Hôpital des Séraphins." The colour of his surface was dark blue, and that of the mucous membrane of the mouth, blue of a brighter tint. He was affected with frequent attacks of palpitation of the heart, and of hæmoptysis, and occasionally of convulsions. During the short period he resided in the Hospital, the attacks of hæmoptysis increased in frequency, and at the end of a few months, in one of these attacks, he died.

Upon the examination of the body, the heart was found about triple the size of the patient's fist; the enlargement being principally confined to the right ventricle, behind which was situated the left ventricle, like an appendix to it. The foramen ovale was closed; but,

at the upper part of the inter-ventricular septum, there existed a semilunar opening of nine lines in extent, establishing, thus, a free communication between the two ventricles, and directly with the aorta. Four and a half lines anterior to this opening, the orifice of the pulmonary artery formed, in the right ventricle, a circular opening, two lines in diameter, with a cartilaginous margin. Two lines within this opening, there existed two folds, resembling semilunar valves. The sinus of Valsalva formed a pouch, ten lines in diameter, filled with fibrinous coagula, organized and adherent to the parietes, so as to reduce the diameter of the canal to the same size as at the orifice. The length of the pouch was six inches. No vestige of the ductus arteriosus remained.

In the Boston Medical and Surgical Journal for October, 1844, Dr. Jennings has related a case of Cyanosis, which, although it occurred in an adult, twenty-one years of age, is calculated to shed light upon the pathology of this disease; it, also, sustains the views of Dr. Stillé.

The patient had not enjoyed good health from birth. His entire surface was of a dark purple colour, but especially his face and the extremities of his fingers; which colour was never entirely absent. He was affected with universal anasarca. After a little more bodily exercise or mental emotion than usual, his respiration became hurried, and he was attacked with cough, palpitation, and a sense of suffocation, accompanied by a blackened appearance of the face, as from strangulation. The patient died suddenly.

On examining his body, the pericardium with its contents was found to occupy the whole anterior portion of the thorax, the lungs being pressed by it completely backwards. Its parietes were thickened; and in its cavity were contained upwards of two quarts of a slightly yellowish serum. The right auricle of the heart was hypertrophied, having three times its usual thickness. The free edges of the tri-cuspid valve were covered with cartilaginous cauliflower excrescences, to such an extent as very considerably to diminish the normal size of the right auriculo-ventricular orifice. The right ventricle was in a state of concentric hypertrophy—its walls being one inch in thickness, and half an inch at their thinnest part. The orifice of the pulmonary artery was so far contracted as scarcely to admit a crow-quill. The pulmonary extremity of this opening—which seemed drawn out to a point—was covered, throughout its entire circumference, with small, spongy cauliflower excrescences. The parietes of the left auricle and ventricle were of normal thickness, although their cavities were of a smaller size than natural. The foramen ovale was open, its diameter being half an inch. The ductus arteriosus was obliterated; but the umbilical vein and ductus venosus were still open.

Apthæ and Muguet, which are of such frequent occurrence in infants and young children, and often of a very troublesome and serious character, have of late years attracted very considerable attention. Various opinions have been advanced in relation to their true pathological character. Under the general term of Apthæ, two very distinct affections have been included—particularly by the English, and most of the American, writers. The one occurring in infants, and consisting in an erythematic inflammation of the mucous membrane of the mouth, giving rise to a more or less extensive effusion of albuminous matter upon the surface of the membrane; the other, occurring at a later age, and consisting in a true follicular inflammation of some portion of the mucous membrane, often attended with a similar exudation with the first. Recently, M. Gruby has attempted to show that apthæ are invariably produced by the development of a cryptogamic vegetable.

According to the researches of this gentleman, apthæ consist, at first, of small, conical, whitish elevations, twenty-five millimetres in diameter, dispersed over the mucous membrane of the mouth. These elevations quickly augment in size, and extend rapidly over the adjacent surface, until, finally, the whole of the mouth, fauces, and sometimes the entire extent of the alimentary canal, appear to be covered with a pseudo-membranous layer, from two to three millimetres thick, and strongly adherent to the subjacent tissue. When a portion of this substance was examined under a microscope, M. Gruby found it to be composed entirely of a collection of cryptogamic plants, the roots of which, of a cylindrical form, transparent, and about one-four hundred and eightieth part of a millimetre in diameter, are implanted in the cellules of the epithelium.

During their development, projections from these roots penetrate the entire series of cellules of which the epithelium is composed, to arrive at the free surface of the mucous membrane. The stems which arise from the surface of the epithelium are likewise transparent, about one-fourth of a millimetre in length, and one-four hundredth of a millimetre in diameter. They are divided, at certain distances, by septa, and filled with corpuscles. The stems are divided into branches, which again sub-divide—bifurcating at an acute angle. The branches are composed of very distinct, oblong cellules, containing one, two, or three round and transparent nuclei: their lateral parts have, here and there, sporules—their ends, especially, have a number. The diameter of these sporules is from the one-two hundredth to the one-five hundredth part of a millimetre.

According to M. Gruby, these cryptogamic plants have considerable analogy with the sporotrichium described by some botanists.

Being very fragile, they become detached by the movements of the tongue and lips, and mixing with the food, are carried into the alimentary canal, a considerable portion of the mucous coat of which they subsequently cover. Those children in whom this ex-

tension of the disease takes place to any great extent, fall into a state of marasmus, and soon die.

M. Gruby, having never detected in the white substance of apthæ any thing else than the cryptogami just described, and the cellules of the epithelium,—there being, in no instance, any product of inflammation present,—considers himself authorized to conclude that apthæ are neither more nor less than a vegetation occurring upon the living mucous membrane.

Views precisely similar to those of M. Gruby have been advanced by Dr. Berg, of Stockholm.

Dr. Oesterlein has also submitted the matter of apthæ and muguet to microscopic examination. He found that, under a moderate magnifying power, it appeared to be composed of an agglomeration of roundish corpuscles, intermixed with cylindrical fibrillæ. Under a higher magnifying power, the fibrillæ appear to be jointed and hollow, the canal being divided at each joint by a transverse partition. Many of the fibrillæ contain sporules, which are round granules, from eight to twelve-tenths of a thousandth part of a Paris inch in diameter. Many of these granules beset, also, the exterior of the fibrillæ, or float free around them.

These productions Dr. Oesterlein has met with only at the period of the fullest development of the apthæ, which latter he considers to be the product of an exudation resulting from an inflammatory condition of the mucous membrane; the production of the cenfervæ being purely accidental. He attempted, repeatedly, to transplant them to other animal tissues or fluids, but without success.

The apthous condition of the mucous membrane of the mouth and fauces is a very common and fatal malady in most of the Foundling hospitals of Europe. Dr. Effenberger has given an account of the disease as he observed it during a six months' residence in the Foundling hospital at Vienna. He found the papillæ of the tongue to become, at first, enlarged and prominent, and then covered with a white exudation, which gradually extended over the whole interior of the mouth. In bad cases, deep ulcerations appeared on the arch of the palate, by which the voice was impaired, and deglutition rendered difficult.

The appearance of the apthæ was often preceded by an erythematous eruption on the buttocks—sometimes of a papular, at others, of a vesicular, character. It was always attended with diarrhœa, which, in the more severe cases, increased in extent, and quickly exhausted the patient.

After death, the gums were found to be ulcerated; the mucous membrane of the stomach red, soft, and thickened, often excoriated. The follicles of the small intestines were tumefied, sometimes ulcerated, and those of the large intestines, as well as the mesenteric glands, swollen. The blood was fluid, and the lungs anæmic, ex-

cepting in those cases in which the patients had been affected with pneumonia, when they were more or less extensively hepatized.

Dr. Effenberger considers that the disease, as it occurred in the hospital at Vienna, was, in a great measure, produced by the vitiated state of the air from the over-crowding of the wards; the correctness of which opinion would seem to be rendered probable by the fact of the disease having greatly decreased since an improved system of ventilation has been adopted. According to Dr. E., there seems to be no reason for regarding apthæ as contagious.

M. Trousseau divides apthæ into the idiopathic and symptomatic. The idiopathic are preceded for a few hours by some heat of the skin and fretfulness; the derangement of the patient's health is slight; and if any diarrhœa occurs, it is very moderate in extent. The symptomatic apthæ are always an accidental complication of various severe maladies incident to foundling hospitals. In both forms, M. Trousseau directs the same local applications; namely, hydrochloric acid, one part to ten of water; nitrate of silver, one part to ten of water; alum, one part to three of water, or equal parts of powdered borax and honey.

The various *affections of the nervous system* incident to children are attracting the close attention of the medical profession in England and upon the continent of Europe; and facts are daily accumulating, calculated to render more perfect our acquaintance with their true character and diagnostic symptomatology.

Dr. P. Hennis Green has related, in the Provincial Medical Journal for February, 1844, three cases of *nervous tremor*, occurring, two in children of thirteen, and the other in a child of eleven, years of age.

Dr. Green believes this affection to be one of those purely nervous ones which often pass away with the same suddenness as they appear; leaving behind no trace of organic lesion to account for the variety or intensity of their phenomena. The chief characteristic of the nervous tremor, as it occurs in children, is an equable and rapid oscillation of the limbs in the line of flexion and extension. The disease bears some resemblance to chorea—from which it is distinguished, however, by the peculiar oscillatory movement, very different from the irregular and involuntary motions observed in the latter. The exciting cause of this affection in children seems to be very uniform; so far, at least, as we can judge from the cases on record. In those related by Dr. Green, they were grief, obstruction of the menstrual flux, and the action of lead upon the system.

The absence of headach, of convulsive movements, of contraction of the limbs, and of other lesions of the motive and sensitive functions, will aid us in determining the true character of these attacks.

The treatment of the disease will depend, in a great measure, upon the nature of the affection with which the tremor is associated.

In the case in which it was produced by lead, it was speedily removed by active purging.

Dr. West, of London, has published, in the London Medical Gazette, a very interesting paper on the subject of *paralysis*, occurring during infancy and childhood.

He divides the disease into three forms, according as it is congenital, as it succeeds to symptoms of cerebral disease, or as it comes on without any previous indication of disorder of the brain.

It usually presents the form of hemiplegia—the leg being more frequently affected than the arm. Sensation is not impaired; occasionally, it would seem to be even morbidly increased. The first variety is usually associated with imperfect nutrition of the affected limbs; and, as might be expected, is incurable. Cases of the second variety, for the most part, do well eventually; they are often associated with constitutional disturbance, dependent on the process of dentition, and require an alterative plan of treatment, and close attention to the state of the bowels. Cases of the third variety occur in debilitated children, and occasionally succeed to the eruptive fevers. They often run an extremely chronic course, and the patient's recovery is in many cases only partial; or, notwithstanding that his general health may become robust, the affected limb will continue powerless—in which case, it gradually wastes away, and becomes, finally, greatly reduced in size.

Under the name of *Meningitis encephalica*, Dr. Brockman has recently described a peculiar form of cerebral disease incidental to childhood, in which the membranes of the medulla oblongata and pons varolii are chiefly affected.

Dr. B. has met with fourteen cases of this affection. It was, at first, observed by him as a sequel of scarlatina, but subsequently he has seen it to occur most frequently as an idiopathic affection.

It is sometimes associated with general disease of the brain; at others, it is uncomplicated. Notwithstanding, in its earlier stages, it is unattended by any serious symptoms, it is an affection fully as dangerous as cerebral meningitis. The first stage, or that of simple hyperæmia, generally continues for one or two days. The child is dull and heavy, and the occiput is often hot; the bowels, however, are regular; there is no vomiting; no intolerance of light, nor any disturbance of sleep. The general dullness of the patient, and vague complaints of some uneasy sensation in the head, increase as the inflammatory stage sets in; the heat of the occiput is augmented; the head becomes retracted, as in the ordinary cases of acute hydrocephalus; and convulsive twitchings of the limbs occur, similar to the effects of slight electric shocks, which recur every few minutes while the patient is awake, but cease during sleep. The general febrile symptoms continue during the third stage; the pulse,

however, diminishes in frequency and fullness, but does not become either irregular or intermittent. The general disquietude of the child subsides, by degrees, into a comatose condition, in which the head becomes still more retracted, but unattended with strabismus, or any morbid condition of the pupil; the peculiar air of stupidity that characterizes hydrocephalic patients is wanting. Two pathognomonic symptoms, however, indicate the occurrence of the stage of effusion. One of these is deafness; the other is difficult articulation, and difficulty in moving the tongue—both of which occur at the same time, probably from paralysis of the motor nerves of the tongue. The deafness and affection of the tongue usually occur suddenly; sometimes they are first observed upon the child awaking from a quiet sleep. They are, according to Dr. Brockman, the earliest and most certain indications of the occurrence of effusion. This stage continues sometimes for three, and sometimes for fourteen, days. Its termination is in fatal paralysis, the occurrence of which is often preceded by various singular nervous phenomena—as sudden pauses in the respiration, or equally sudden syncope. In some cases, however, the paralysis does not follow, but the anomalous symptoms subside, and the patients gradually recover; until, indeed, the paralytic stage is fully established, the recovery of the patient is still possible.

In the uncomplicated cases of the disease, upon examination after death, the cerebrum in general presents an extremely pallid and anæmic condition, in striking contrast with the cerebellum; the vessels of which are turgid with blood, while its substance, also, is often in a state of marked hyperæmia. The hyperæmia increases in intensity towards the central portions of the encephalon; and the membranes covering the pons varolii and medulla oblongata are found in a most decided state of inflammation; the portion of inflamed membrane is perfectly isolated, and not more, usually, than a square inch in extent—the membrane of the cerebellum being entirely free from any indications of inflammation. There is ordinarily an effusion of a serous fluid into the sub-arachnoidal tissue; sometimes to the extent of several ounces; occasionally a gelatinous matter is effused, and, in some cases, the effusion is of a purulent character.

This form of the disease is most frequently observed in children from three to ten years of age, and who had previously enjoyed good health.

The treatment recommended by Dr. Brockman, in its first two stages, is depletion, by leeches to the posterior part of the head, cold applications to the head, and the free administration of calomel, which latter may be continued during the stage of effusion. Here, however, it becomes necessary to support the strength of the patient; for this purpose ammonia is directed by Dr. B., but he remarks that, in some cases, the administration of wine may be required. According to his experience, powerful counter-irritants, as

a large blister, or the actual cautery, prove, also, sometimes beneficial.

Dr. Christie, of Scotland, and Dr. Woniger, of Hamburg, report each a case of *acute hydrocephalus*, in which a cure was effected, after the disease had reached the paralytic stage, by the administration of iodine. Dr. Christie employed a solution, containing sixteen grains of iodide of potassium, and four grains of iodine to one ounce of water, given in the dose of a tea spoonful every four hours, at the same time that he directed to be rubbed upon the child's scalp a weak ointment of the biniodide of mercury. Dr. Woniger employed a solution of one drachm of iodide of potassium, dissolved in half an ounce of water, in the dose of forty, and subsequently fifty, drops every two hours.

In the case related by Dr. Christie, the first indication of improvement occurred in thirty-six hours after the employment of the iodine was commenced with; but, in Dr. Woniger's case, not until after the end of seventy-two hours. In both the recovery was complete and permanent.

A case of *chronic hydrocephalus* is related by Dr. Hannay, in the Edinburg Medical and Surgical Journal, in which he attributes the recovery of the patient mainly to the use of a liniment to the scalp, composed of powdered ipecacuanha and olive oil, each two drachms, and half an ounce of suet.

Dr. H. states, that the employment of this liniment, three or four times a day, is followed, in about thirty-six hours, by a papular and vesicular eruption; and he is of the opinion, that as chronic hydrocephalus often succeeds to the suppression of eruptions on the scalp, the use of this counter-irritant will prove in many cases extremely useful; its effects are far more manageable than those of the tartar-emetic ointment, which, in such instances, has been found advantageous.

In the same Journal an instance is related, by Dr. Whitney, of the successful puncture of the brain in a case of chronic hydrocephalus. By the first operation, nine ounces of fluid were drawn off; and in three weeks subsequently, by a second operation, five ounces more. No bad symptom succeeded to either operation, and the recovery of the child appears to have been complete.

In the Austrian Medical Journal, Professor Wutzer and Dr. Butcher relate two cases in which the puncture of the brain was unsuccessfully employed. In the first, a child seven months old, the patient died in six days after the first operation; in the second case, a child sixteen months old, the operation was performed twice—the second time, four weeks after the first: seven weeks after the second puncture, the child died in convulsions.

Dr. Martin, of Jena, in the Neue Zeitschrift für Geburtskunde,

presents some very interesting remarks on the pathological characters of *infantile erysipelas*. He attempts to show that, notwithstanding it presents some peculiarities in its phenomena, progress, and results, it differs in no essential particulars from the erysipelas of the adult. The skin of the infant having more of a velvety appearance, when it is affected with erysipelas, the diseased portion has not so shining an appearance as in the adult. Vesication seldom takes place, but small collections of pus, which occur simultaneously in different parts, not being confined to those in which the erysipelas commenced. The wandering character of the disease, and its tendency to gangrene, are other distinguishing characters of infantile erysipelas. It prevails, occasionally, as an epidemic. This was the case at Jena, at a season when erysipelas was met with frequently in adults, and phlebitis repeatedly followed venesection; especially in those cases of puerperal fever occurring in the lying-in hospital, in which blood was abstracted from the arm.

A very common form of erysipelas in infants, according to our experience, is that described by Dr. Friebe in the Journal for the Diseases of Children, under the name of *Omphalitis exsudativa*. It commences about the umbilicus, within a few weeks after birth, and is frequently accompanied with ulceration of the navel, and infiltration of lymph or pus into the subcutaneous cellular tissue, and deposits of a similar nature in the partially obliterated umbilical vessels. It is attended by great and rapidly increasing exhaustion, and occasionally convulsive symptoms of more or less severity. It usually proves fatal; often within the course of forty-eight hours, and without having extended more than three fingers' breadth around the navel.

Dr. Friebe is inclined to view the disease as a variety of partial induration of the cellular substance, in consequence of the cachectic condition of the infants in whom he has seen it occur, and the erysipelatous character of the inflammation; while the circumstance of the umbilical vessels being in part converted into fibrous chords, previously to the commencement of the disease, leads him to believe that it cannot arise from umbilical phlebitis. He appears to have seen but three cases. We have met with it among the infants of the poor much more frequently, and our observations have convinced us that, in the majority of cases at least, it is dependent upon phlebitis of the umbilical veins; the evidences of inflammation of the latter were unquestionably present in almost every instance in which we have made an examination.

A very great variety of morbid phenomena have been ascribed by medical writers to the presence of *worms* in the intestines during childhood. Convulsions; the symptoms of effusion upon the brain; of hooping cough; of pneumonia; of intermittent fever, &c., have all been said to be produced by worms, and to cease immediately

upon the expulsion of the latter. It cannot, we conceive, be doubted that when they accumulate to a very great extent, as well as in certain morbid conditions of the organism, worms are capable of exciting and keeping up an excitation, from which very serious symptoms may occasionally result.

Dr. Schleifer, in the Austrian Weekly Journal of Medicine, relates the case of a child, nine years of age, who became dumb, after suffering in early life from cutaneous eruptions, engorgement of the glands, &c. The loss of hearing was attributed chiefly to a fall, and treated accordingly. The child became emaciated, pale, with a dark leaden appearance of the contour of the eyes. The tongue was white and loaded, the breath offensive, and the abdomen tumid and hard. The muscles of the face were in constant motion, and the patient moaned incessantly. Dr. S. suspected the presence of worms, and treated the patient accordingly. In three weeks, eighty-seven lumbrici were discharged, and, during five weeks, immense quantities of ascarides. At the end of the sixth week, the child had recovered his hearing and speech.

In the Journal of Medicine and Surgery of Paris, for April, 1844, a case is quoted, from the Gazette Médicales of Dijon, of a young man, nineteen years of age, who was attacked with all the symptoms of acute pleurisy: chill, followed by fever; severe pain in the left side; difficult, jerking respiration; paroxysms of dry cough, which occasioned the patient to scream out, &c.; all of which symptoms promptly disappeared after the discharge of seventy-five lumbrici.

Dr. Hunt has published a very excellent paper on *gangrene of the mouth* in children, in the London Medical Gazette. The treatment he recommends is to commence with a purgative, composed of rhubarb, sulphate of potash, and one grain of calomel, whenever the soreness of the mouth is not so great as to render it difficult or impossible for the child to take it. In some cases it is advisable, or even necessary, to repeat this occasionally. The chief remedy, however, upon which he depends is the chlorate of potass in solution, to the extent of from twenty to sixty grains, according to the age of the child, in divided doses, during the twenty-four hours. The beneficial effects, we are told, are often observed upon the second day of its use; almost always upon the third. The disagreeable fœtor soon diminishes; the ulcers assume a healthy, reparative action; the dribbling of saliva diminishes; and if there be simply ulceration, this very speedily heals; and if there be an eschar, it soon separates, and the ulcer granulates kindly.

We have the testimony of Mr. Cæsar Hawkins that the same treatment succeeded equally well in a case which fell under his notice. Mr. Risdon Bennett has likewise derived the most decided

benefit from the internal use of the chlorate of potass in gangrene of the mouth.

In the journal last referred to, there is a paper by Robert Dunn, Esq., in relation to a fatal case of gangrene of the mouth, supervening upon measles, in a child, two years and three months old, which became the subject of a coroner's inquest, in consequence of an accusation that the patient had been destroyed by the undue administration of calomel. On the same day that the inquest in this case was held, Mr. Dunn was called to another case of the metastastic variety of gangrene of the mouth, in a boy four years old, also supervening upon measles. The attack came on without any premonitory indications. A small tumor formed on the inner surface of the cheek, which soon assumed a gangrenous appearance, and the breath became extremely fœtid. Externally, the surface of the affected cheek became tumid, reddish, and shining. A lotion of chloride of soda was assiduously applied, and quinia and liquor sarsæ freely given. The slough separated. The opposite cheek became in the same way affected, and the child, under the use of the quinia, sarsæ, and a generous diet, was gradually progressing to convalescence at the date of Mr. Dunn's communication.

The extent and duration of the *preservative influence of vaccination*, and the propriety and advantages of re-vaccination, continue still a subject of dispute among the physicians of the Continent.

M. Bousquet, of Paris, is of opinion, that the efficiency of the vaccine virus becomes diminished by its transmission through a number of individuals; and, in support of this opinion, appeals to the fact, that the effects produced by the renovated virus introduced in 1836 were much severer than those which followed the insertion of the old matter. It is, however, a curious fact that the difference between the vesicle resulting from the new and that from the old virus is not perceptible until the sixth or seventh day, by which time the preservative power of vaccination has been exerted—which is proved by the circumstance that a second vaccination after this period does not produce any effect. Nevertheless, from the increased frequency of variolous and varioloid affections of late years, and from the fact that the greater number of those attacked with small pox subsequent to vaccination are adults, M. Bousquet is led to believe that a diminution in the activity of the vaccine virus does result from its repeated transmission through a number of individuals, and that the full preservative power of vaccination does not extend beyond a certain term of years, although its modifying powers continue throughout life. He advocates, therefore, the plan of re-vaccination. M. Gauthier de Claubry, on the other hand, mantains that there does not exist any ratio between the severity of the local effects of vaccination and its preservative power. He considers the severer symptoms which have followed the insertion

of matter direct from the cow, merely as phenomena attendant upon the naturalization of cow pox in the human subject. When this has been once accomplished, the transmission of the virus through hundreds of individuals in no degree impairs its virtues, or modifies the character of the eruption to which it gives rise. In proof of this, he refers to the fact that, in some places, the same virus has been employed for twenty-five, thirty, or even forty years, and yet the character of the vesicle produced by it has continued unchanged during the whole period. No argument, M. de Claubry maintains, can be drawn from the occurrence of secondary small pox, since this takes place in persons who have had variola in the natural way —which he states to occur in one of every sixty-three of those who have been spontaneously variolated. M. de Claubry asserts, also, that varioloid eruptions were as frequent in the early days of vaccination as they are now, though their variolous character was not then apprehended; and he denies that such eruptions are confined to adults. He, finally, endeavours to weaken the positive evidence in favour of re-vaccination, by showing that varicella, varioloid eruptions, and even variola, have occurred in the Prussian army, among persons who had been vaccinated.

In a recent communication from Dr. Gregory, Physician to the Small Pox Hospital of London, ten cases are noticed of death in children, from small pox occurring after vaccination. The ages of these ten children were as follows:—1 of 9 years; 1 of 8; 2 of 6; 1 of 5; 3 of 4; 1 of 3; and 1 of 6 months.

In all these cases, it is stated by Dr. Gregory that the evidence of prior vaccination was such as to justify the Register in recording them as cases of fatal small pox after vaccination. The children were vaccinated in different localities, showing that the source of the vaccine imperfection was not local; while the respectability of the vaccinators, and the appearance of scars in eight of them, forbid the assumption of entire irregularity in the vaccine process.

Now if ten deaths of children, from variola occurring after vaccination, are recorded in one year, is it not fair to presume that a much larger number of cases of varioloid eruption, which terminated favourable, occurred in children during the same period.

Dr. Lossette, of Milan, has recently published a series of tables, one of which is given, to prove that the preservative powers of vaccination are temporary, and limited to a certain number of years. The table includes 1411 cases of small pox after vaccination, observed during the years 1837 and 1838. Of these 1411 cases,

130, or	9.21	per cent.,	occurred in	patients	under 5	years of age.
101, or	7.15	"	"	" from 5 to 10	"	"
151, or	10.7	"	"	" " 10 to 15	"	"
203, or	14.31	"	"	" " 15 to 20	"	"
282, or	14.9	"	"	" " 20 to 25	"	"

216, or 15.3 per cent., occurred in patients from 25 to 30 years of age.
160, or 11.33 " " " " 30 to 35 " "
68, or 4.8 " " " " 35 to 40 " "

This table is defective, inasmuch as no statement is made of the ages at which the patients were vaccinated.

M. Lossette has likewise endeavoured to ascertain, by actual observation, whether there existed any relation between the appearance of the vaccine cicatrix and its preservative power. With that view, having examined 420 individuals affected with small pox subsequent to vaccination, he classed the cicatrices they presented, according to their physical characters, into, 1st, normal; 2d, imperfect; and, 3d, very imperfect. Of the 420 patients, 231, or 55 per cent., had normal cicatrices; 124, or 29.5 per cent., incomplete; and only 65, or 15.47 per cent., very imperfect. From this, it appears that the most regular cicatrices afford no certain guarantee against an attack of variola.

The next inquiry was to ascertain whether a normal cicatrix renders the consecutive small pox less violent in its character; which resulted in the negative, as will appear by the following table:

Cicatrix, normal,	83	cases confluent,	91	discrete,	57	very discrete.		
" imperfect,	53	" "	49	"	22	"	"	
" very imp't,	18	" "	28	"	19	"	"	

The next inquiry was to ascertain whether the number of vaccine pustules afforded any assurance of protection. The result is shown by the following table:

1 cicatrix,	30	cases confluent,	30	discrete,	16	very discrete.		
2 cicatrices,	36	" "	35	"	22	"	"	
3 "	40	" "	38	"	20	"	"	
4 and more cicatrices,	48	" "	65	"	40	"	"	

Dr. Kahlert, of Prague, has performed the experiment of passing the vaccine virus taken from the human subject, through the cow, with a view to augment its activity. The retro-vaccine virus thus obtained, produced, when inserted in the arms of children, well marked vaccine vesicles, unattended by any peculiarly severe constitutional symptoms.

Dr. Scoutetten, Professor at the Military Hospital, Strasburg, communicated to the French Academy of Medicine, in January, 1844, a case of *croup* occurring in his own daughter, when three weeks old, in which tracheotomy was resorted to successfully.

On the third day of the attack, death appeared to be imminent.

The face and lips of the child were deadly pale; its muscles relaxed; its breathing very weak; pulse insensible; extremities cold. A gum elastic catheter was introduced into the trachea, which, though it produced an amelioration of the symptoms, caused, nevertheless, so much cough, vomiting, and spasms, that it was necessary to withdraw it; it was introduced and withdrawn several times. In consultation, it was decided that death was inevitable, and the operation therefore useless; Dr. S., however, resolved upon its performance. When about to open the trachea, the gentleman who held his finger on the pulse, exclaimed, "It no longer beats." Air being insufflated in the lungs, the child revived, and the operation was completed. The air rushed into the lungs, and the child opened its eyes; having no dilator, Dr. S. introduced the sound he had previously employed, and insufflated some air; this producing no effect, he endeavoured to imitate the movements of expiration, by pressing on the thorax. The child remained in this precarious state for two hours longer, during which insufflation was constantly necessary—after which it recovered gradually. The extremities, however, being still very cold, they were enveloped in hot flannel. The breath continuing to be very offensive, the mucous membrane of the mouth and fauces were touched with a brush dipped in muriatic acid. On the third day after the operation, there was a slight irritation of the chest, and two leeches were applied, which produced great relief. On the fifth day, for the first time, air passed through the mouth and nostrils; the canula was therefore removed from time to time. On the tenth day, the wound was united, and twelve days after cicatrization was complete. During convalescence, after a good deal of pain, a considerable quantity of pus escaped from the ear, after which the child soon recovered and continues quite well.

A very interesting paper has been published by Alexander Watt, Esq., City Statist, in the Proceedings of the Glasgow Philosophical Society for January, 1844, in which he attempts to show, that the amount of deaths by various diseases is nearly identical, at the same ages, in different cities, and that whatever the total amount of deaths by each disease may be, the proportion which the deaths occurring at certain periods of life bear to the whole number of deaths by these respective diseases remains the same. Without examining into the truth of this law, we shall merely quote so much of Mr. Watt's table as refers to the per centage of deaths from Fever, Measles, Scarlatina, Small Pox, and Hooping Cough, in patients under twenty years of age, for the cities of Glasgow, Edinburg, New York, and Philadelphia. We have corrected his calculations in relation to the proportion of deaths in the latter City from Measles, Scarlatina, and Hooping Cough; our calculations being based upon the bills of mortality for ten years preceding 1844. The results are given in the last column.

From *Fevers*, exclusive of Scarlet and Puerperal Fevers, the

deaths, at the ages stated, to the whole number of deaths, during the same period, were as follows:

	Edinburg.	Glasgow.	New York.	Philadelphia.	Manchester.
Under 5 years,	12.41	12.07	15.67	17.34	16.08
" 20 "	29.79	29.05	30.22	33.03	38.48

From Measles.

	Edinburg.	Glasgow.	New York.	Philadelphia.	Phil'a. cor'd.
Under 2 years,	60.25	52.76	47.48	45.76	44.93
" 5 "	92.30	88.08	90.09	89.83	89.
" 20 "	99.67	99.35	98.27	99.43	100.

From Scarlatina.

	Glasgow.	New York.	Philadelphia.	Phil'a. cor'd.
Under 2 years,	35.40	30.12	30.69	27.18
" 5 "	70.15	76.75	75.49	73.33
" 20 "	97.27	97.39	97.77	97.24

From Small Pox.

	Glasgow.	Edinburg.	New York.	Philadelphia.
Under 2 years,	57.76	53.24	34.11	34.39
" 5 "	85.72	82.68	58.66	57.14
" 20 "	95.12	95.23	72.74	77.24

From Hooping Cough.

	Glasgow.	Edinburg.	N. York.	Philadelphia.	Birmingham.	Phil'a cor'd.
Under 2 years,	66.37	66.38	67.52	77.48		74.45
" 5 "	91.51	92.87	93.51	95.03	93.49	96.00
" 20 "	99.77	100.00	99.78	100.00	100.00	

The data which have been adduced seem to demonstrate that the proportions in the amount of deaths under any given age, by the diseases referred to, to the whole amount of deaths by each disease respectively, are almost identical, although the amount of deaths by those diseases is very different in each city. In some instances, where the circumstances of the people vary much from each other, a corresponding variation takes place in the mortality at the same ages. Thus, in reference to small pox, notwithstanding the great difference between the proportion of deaths in America and in Scotland at the same ages, it is important to observe that the proportionate mortality in New York corresponds with that for the same age in Philadelphia, the circumstances of these towns, in relation to small-pox, being much alike.

Stated Meeting, April 1st, 1845.

Dr. Wood in the chair.

Present, sixteen members.

Dr. Pepper read the following account of a case of Peritonitis, *with perforation of the appendicula vermiformis*, caused, apparently, by the impaction in the latter of a grape seed.

Mrs. H——, aged 45, the mother of a numerous family, had enjoyed uninterrupted good health up to the latter part of January, 1845, when, for the first time, she complained of some lassitude, and occasional uneasy sensations in the right iliac region. From the 2d of February up to the 5th of the same month, her bowels had been constipated, and she accordingly took a dose of oleum ricini, followed by an enema of senna and sulph. magnesiæ—without, however, producing the desired effect. On Thursday, the 6th, about 3 A. M., she was *suddenly* seized with severe pain in the right iliac fossa, attended with great nausea and vomiting, prostration of strength, and collapsed countenance.

The patient was now for the first time confined to her bed, and treated by a charlatan, under whose care she continued up to February the 8th, without any important change in her symptoms.

Dr. E. Peace was now requested to visit the patient, and found her in the following condition:—pulse 130, and feeble; extremities warm; features collapsed; skin moist, but of a natural temperature; total loss of appetite, but no vomiting; abdomen tympanitic. She complained of extreme pain about the umbilicus, and also of great tenderness in the right iliac fossa. An ounce of oleum ricini, combined with sulph. morph. gr. ss., was now administered, but could not be retained; and a similar dose was repeated several hours after. The patient was also placed in a warm bath, and saline enemata were freely used, without, however, evacuating her bowels, which had now been in a constipated condition for the last five days.

Whilst under the above treatment, the tympanitis and pain diminished, but the patient gradually became more feeble, and expired the following morning, February the 9th, at 5 o'clock.

Post-mortem examination the following day. Present, Drs. Peace and Garrison.—Abdominal muscles covered with a thick layer of adipous matter. On opening the peritoneum, there was an escape of fœtid gas, having a somewhat gangrenous odour; and the serous membrane throughout presented evident traces of recent inflammation. In the right iliac fossa, several convolutions of the small intestines were united to each other, as also to the caput-coli, by

means of strong, false membranes; and, at this part, the peritoneum was bathed with pus. The appendicula vermiformis was greatly thickened, and adhered, throughout its whole extent, to the lower part of the ileum; near its free extremity, there was an ulcerated opening, about one-fourth of an inch in diameter.

The lower part of the ileum, in connection with the cœcum, was now removed for more minute inspection. On laying open the appendix, it was found to contain, at its perforated extremity, a small mass of indurated fæcal matter, in one end of which was imbedded a large grape-seed; its mucous membrane was black, and in a gangrenous condition—whilst the other coats were softened and greatly thickened. The ileum, as also the caput-coli, were apparently perfectly healthy. The pelvis contained several ounces of a thin brownish fluid, having a somewhat fæcal odour. Intestines distended with flatus; other viscera not examined.

From the previous history, it is highly probable that the grape-seed was the exciting cause of the inflammation, which ultimately led to ulceration and fatal perforation of the appendix. Such cases can no longer be considered as extremely rare, since numerous instances of a somewhat similar character are now to be found on record. In the Medical Examiner, vol. i. p. 655, is reported a case of fatal peritonitis from two perforations of the appendix, caused, most probably, by "a gritty, brown substance, about the size of a bean." In the same journal, vol. iii. p. 580, may be found a case of chronic inflammation of the appendix, which ultimately terminated in a fistulous opening through the abdominal parietes. In this case, the appendix was thickened and dilated, and the shell of a hazel-nut was impacted in its middle portion.

Dr. Morris read the following account of two cases of hæmoptysis, occurring in infants of three months.

In the month of January last, I was called to render medical aid to the child of Mr. Hastings, aged three months. It was a male, one of twins, of large size, and fine health up to the time of its attack. The mother, a woman of unusual intelligence and energy, reported the child to be labouring under an attack of colic, with diarrhœa of some days' standing. The discharges were frequent, green, and slimy. There was much heat of skin and thirst. The abdomen was flaccid, and the face anxious. The child cried much, and the sound was plaintive. The usual prescriptions in such cases were made: warm poultices to the bowels; small doses of calomel and castor oil. By these means, the condition of the child was improved, though the heat of skin and febrile disturbance still continued. About the third day of my attendance, the mother showed me her collar, which was smeared with blood, that, she assured me, had been discharged from the mouth of her infant. I at once ascribed

it to some ulceration of her nipple, for which I searched carefully, but without being able to detect the slightest solution of continuity. The gums and throat of the child were next examined, and an ulcer was found near the isthmus faucium, to which, though small, the issue of blood was supposed to be owing. The following day she exhibited a handkerchief much stained with blood, of a pink hue, which had been discharged again by the child. Dr. Meigs was now requested to see the infant, and his suspicions were so strong that the blood was derived from the breast of the mother, and vomited by the child, that he could not be persuaded to the contrary till he had examined the nipple with a magnifier, and applied smart friction with a cambric handkerchief. The respiration of the child did not deviate from the natural state sufficiently to attract our attention, though we visited it often, and examined it anxiously; nor was there, at any time, the slightest cough. After lingering a few days —the diarrhœa varying in degree—it sank into coma, followed by convulsions and death. The autopsic examination, made by my friend, Dr. Sargent, Resident Physician to the Pennsylvania Hospital, was as follows:

Exterior aspect of body pale; hands and feet of a blueish hue; similar colour of all the dependent parts of the body and limbs; very slight, if any, emaciation. The mouth and nose contained a frothy, reddish-white fluid, which escaped freely from these cavities when placed in a dependent position.

Brain not examined—nor posterior part of mouth and fauces. Larynx perfectly healthy.

The mucous membrane of the trachea and of the bronchial tubes, as far as their fourth or fifth ramifications, was reddened, and, in the bronchial tubes, slightly thickened, but in both entirely free from false membrane, or viscid secretion of any kind. The inferior portion of both lungs soft and crepitant, but containing abundance of a colourless serous fluid.

The lower lobe of the left lung was of a vivid red colour; contained a very small quantity of air, and but little serum; consistence of its tissue not materially diminished. The right lung was of the same bright red colour in its middle and lower lobes; the consistence of both these lobes was diminished, particularly of the middle; and the greater portion of this lobe sank when placed in water of medium temperature. There was no appearance of pus, nor of lobular discolouration or induration. No adhesion between the opposed pleural surfaces of either side; nor any effusion of lymph or serum in either pleural cavity. Both lungs were expanded. No tubercles in the lungs, or in the bronchial tubes.

The heart was of a healthy appearance; foramen ovale open.

The abdominal viscera were all carefully examined, but no lesion of any kind could I detect.

Within a week after, the surviving child was taken with symptoms

precisely similar. Guided by the light derived from the examination of the preceding case, our attention was now turned to the chest. With great difficulty, owing to the extreme restlessness of the infant, we were enabled to detect dullness, upon percussion, of the posterior part of the lower lobe of the right lung, with slight mucous rattle. The quantity of blood discharged, though less than that in the preceding case, was considerable; and in this instance I saw it in the mouth of the child, frothy, and mixed with mucus. Small cups were applied to the back of the child, and two ounces of blood taken. Calomel, in minute doses, was given to act upon the diseased secretions of the liver; and, in a day or two, our patient was convalescent.

The only notice of this symptom I have met with, is in the work of Rilliet and Barthez, who speak of their experience as confirmatory of that of Dr. Gerhard, who says he has never observed, in the pneumonia of infants, the bloody sputa attendant upon the disease when it occurs in the adult. They refer to the testimony of Valliex, who reports having met with a discharge of bloody mucus in the pneumonia of infants; a circumstance, however, of which they are evidently disposed to question the truth.

Dr. Ashmead related the case of a patient under his care, to whom an ordinary dose of calomel was given as a purgative, and followed by a dose of magnesia—who, soon after taking the calomel, was seized with symptoms similar to those resulting from poisoning with corrosive sublimate. He was treated by the usual antidotes and remedies indicated in such cases, and recovered. There was no reason to suspect that the calomel given in this case was an impure article, or that there was any idiosyncrasy of constitution, as the patient had previously taken calomel without any unpleasant symptoms following.

Dr. Morris presented the following account of a *case of death from extensive disease of the stomach*, unattended, during the life time of the patient, with any symptoms indicative of its existence. The case is related by Dr. J. M. Paul, who was the physician in attendance.

B. G., aged 59 years, a gentleman of a nervo-sanguineous temperament; active, industrious, and temperate in his habits; had enjoyed perfect and uninterrupted health, with the exception of slight and occasional attacks of diarrhœa, for the last year of his life.

On the evening of Wednesday, the 19th of March last, he returned home from his place of business, much fatigued in body and in mind; complaining of weariness and aching of the limbs, chilliness, sore throat, headach, and some febrile excitement. His wife persuaded him to bathe his feet in hot water, with the addition of mustard, and to take some magnesia and Epsom salts, which he did, and

retired to bed. During the night, he experienced great restlessness, pain in the head, nausea, and some vomiting of bilious fluid, with a sensation of distress at the epigastrium; but these symptoms were partially relieved by the operation of the purgative medicines he had taken, and towards morning he felt himself better, and slept.

I first visited him about 11 o'clock on the Thursday morning ensuing, and found him labouring under a slight fever, some headach, oppression at the stomach—with an obscure tenderness on pressure. The epigastrium yielded on percussion, a tympanitic sound; the tongue was coated and white; the pulse moderately full, but regular. He was directed to keep perfectly quiet; to take, occasionally, a mixture of the citrate of potash with sp. nitri dulcis; to apply a sinapism over the epigastrium, followed by a mush poultice; and to use ice, and mucilaginous drinks. In the evening, he took six grains of the blue mass, and repeated the warm foot bath.

On Friday, the 21st, he felt so well, as to be able to return to his place of business, and there he continued until late in the evening, attending to his affairs. In the evening, he returned home much fatigued—complaining of chilliness, headach, &c. Bathed his feet in hot water and mustard, took a cup of weak tea, and retired to his bed. His wife gave him, in the night, some magnesia, which operated well, but he had a restless night; some wandering, headach, and a sense of weight or obstruction at the pit of the stomach; flatulence, and occasional nausea, but no vomiting.

On the morning of the 22d, I found him feverish, with a pulse full and active; tongue coated with a thin white covering; and complaining of pain in the head: his bowels had been freely moved. I took away xvj. oz. of blood, which relieved his head; it was buffy and slightly cupped; reapplied the mustard over the stomach, followed by poultices of mush, and directed him a mixture of the bi-carbonate of potash, with a little camphor water, to relieve his flatulence. Ice to be taken freely; cold applications to the head; mucilaginous drinks, &c.

These remedies gave him comfort, and in the evening he was better, and expressed himself much relieved.

At night, he took six grains of the blue pill, and repeated the foot bath; continued the ice, poultices, and mucilaginous drinks.

On Sunday, the 23d, he continued much the same; his symptoms were, however, milder. The same treatment was continued.

On Monday morning, the 24th, he appeared convalescent; expressed himself as decidedly better; the fever had subsided; pulse good and regular; head relieved; stomach more comfortable, though still exhibiting some tenderness on pressure. There was considerable muscular prostration, but the general aspect of the patient was good and favourable. There was nothing present to indicate danger; the patient, indeed, thought himself almost well. During my visit, I carefully examined the epigastric and abdominal

regions, and finding that pressure still gave him pain, by way of precaution, I proposed that some twenty leeches should be applied over the painful part, to be succeeded by a large poultice of corn meal; to this he acceded. The leeches were applied, but took a long time in taking hold; this caused the patient great fatigue, from the confined position to which he was necessarily subjected. A small quantity of blood was drawn by the leeches; after they fell off, he sank into a sleep, which lasted for half an hour; when he suddenly awoke; jumped out of bed to go to the chair, as had been his custom; reached the middle of his chamber; became faint, and was near falling, when he was assisted to bed with difficulty.

I saw him half an hour after this occurrence; found him utterly prostrated; breathing rapidly, and with a pulse of 150 to 160 a minute. I immediately gave him freely of brandy, aromatic spirits of ammonia, and hot nourishment; hot bricks were applied to the feet, with sinapisms, &c.; but without much, if any, effect. Pulse continued rapid and feeble; prostration extreme.

At my request, Dr. Caspar Morris was called in consultation. He considered the patient as alarmingly ill; approved of the stimulants, and suggested the application of a blister over the epigastrium, cold to the head, and ice to be taken internally, and wine whey to be substituted for the brandy. This was at 2 o'clock P. M. I continued with him, and Dr. Morris saw him again in a few hours. The indications of sinking continued, and the case was evidently hopeless. The mind of the patient was collected and clear; had no idea of his danger, and could not feel that he was ill. He died about 6½ o'clock, apparently in a gentle sleep.

Autopsy. Present, Drs. Paul, C. Morris, and J. Neill.—The external appearances of the body generally, were natural; some lividity existed about the extremities. The abdomen was opened through the linea alba: the adipose tissue was one inch in thickness. On displaying the viscera in their natural position, there was exhibited a slight adhesion of the omentum majus to the parietes, at the epigastric region. Large patches of coagulated lymph were found upon the great omentum, which extended to the left hypochondriac region, completely covering the anterior face of the stomach, and a portion of the spleen. The superior face of the liver was also found to be coated by a lamina of coagulated lymph, which could be removed in masses. The peritoneum of the parietes of the abdomen exhibited a venous injection, and the cavity contained a pint or more of serum.

The stomach was removed, and found to be exceedingly heavy, weighing, probably, one and a half pounds; it contained a thick fluid of a light brown colour. Its walls were about half an inch in thickness—the increase being principally in the cellular and mucous coats. The cellular coat, near the cardia, was filled with coagulated lymph, which became less firm near the middle; at the pylo-

rus, the cellular coat was distended to the same thickness with serum. The mucous coat exhibited great changes in structure and appearance—being much thickened, and very firm; its hue was florid—the colour being deeper at the greater curvature. Its surface presented a very rough, granular formation, each projection being about the size of a grain of coffee, or larger. These were dense and unyielding to the touch, and more vascular than the surrounding tissue; they were more numerous at the greater curvature.

The liver presented no unusual appearance in its glandular structure.

A section of the upper part of the jejunum, and a section of the ileum, were examined; but presented no appearance of disease in any of their coats, except the injected peritoneum.

The examination was interesting in many respects. It proved that, with such altered structures, the case was beyond the reach of medicine. It presented traces of great inflammation, with little accompanying pain. It presented abnormal structures, which must have taken time to form, during, apparently, the enjoyment of good health. It shows that extensive disorganizations may take place in some tissues, without the occurrence of any symptoms by which their existence is revealed to either the patient or his physician.

Dr. Condie called the attention of the College to the prevalence of scarlatina, of a very severe character, and of small pox, in the southern districts; and Dr. Morris stated that measles, scarlatina, and small pox were prevailing very extensively in the western districts. The cases of scarlatina that had fallen under his notice were, however, of a comparatively mild character; the same was true, also, in regard to the cases of measles which he had seen.

BIOGRAPHICAL MEMOIR,

OF

JOHN C. OTTO, M. D.

LATE VICE PRESIDENT OF THE COLLEGE OF PHYSICIANS;

READ BEFORE THE COLLEGE BY APPOINTMENT,

MARCH 4th, 1845;

BY

ISAAC PARRISH, M. D.

MEMOIR.

Among the founders and early members of the College of Physicians, were a class of men combining, in a rare degree, the science and learning of the Medical Philosopher, with the virtue and benevolence of the Christian.

These individuals, both by their private example and public doings, gave a tone to the medical community of Philadelphia, which has rendered us prominent as a harmonious and united brotherhood—devoted to the advancement of medical science, and zealous in the support of those beneficent attributes of our profession which elevate it above mere sordid and money-making pursuits. In the various public charities which distinguish Philadelphia—in every philanthropic enterprise—this class of physicians have been prominent actors. Not a few public institutions, now firmly established, and daily dispensing innumerable benefits to the sick and destitute, were either founded by them, or owe much of their present prosperity to their fostering care. Most of this honorable company have passed away; a scanty remnant are still in our midst, instructing us by their experience, and inspiring us with that respect which invariably follows a long and well-spent life.

The last of this worthy band, whose death we have been called upon to notice, was Dr. John C. Otto,—some account of whose life is expected from me on this occasion.

He was born Third month (March) 15th, 1774, near Woodbury, New Jersey; was the son of Dr. Bodo Otto, an eminent physician, and distinguished as a public character in the stirring periods of the American Revolution. Warmly attached to the republican cause, and an active promoter of the Independence of America, he was called, by the unanimous vote of the county in which he lived, to the Senate of New Jersey; and served, during the war, as an officer in the revolutionary army.

It is related of him, that, during an absence from home on military duty, his house was fired by his political antagonists, the

Tories, and his wife and several young children—amongst whom was the subject of this Memoir—were driven from their homes in the midst of an inclement season, while all the products of his farm were consumed. The incendiaries were apprehended and convicted; and, notwithstanding the calamity into which their acts had plunged him, Dr. Otto interfered in their behalf, and actually took a long journey on horseback to obtain their pardon. His mission was successful; but being overtaken by a violent storm, he contracted a severe catarrh, which was soon followed by pulmonary consumption; and he died at the early age of thirty years —leaving three children, of whom Dr. John C. Otto was the youngest.

This anecdote is recorded, as evincing an instance of rare magnanimity, and as an evidence of the honorable parentage of our deceased fellow-member.

Dr. Otto's great-grandfather and grandfather were also physicians; the latter emigrated to this country, from Germany, in 1752, being then forty-three years of age. He settled in Philadelphia; and, having received a European education, then a somewhat rare circumstance, he was much esteemed for his literary and medical knowledge. He obtained a considerable practice, especially amongst the German population, being rather conspicuous for his surgical knowledge. He attended the American army to the encampment at Valley Forge, and had charge of the Hospital there, during the memorable winter of 1778.

He declined all compensation for these valuable services, although, at that time, quite advanced in years.

By the early demise of his father, Dr. Otto was deprived of the fostering care which so worthy a parent would have bestowed upon his education; this important duty was not, however, neglected by those left in charge of him, as he passed through a collegiate course at Princeton, where he took his degree in the year 1792. After leaving college, he was sent to Philadelphia, and entered the office of Dr. Rush in the spring of the year 1793. He was scarcely initiated in his new duties before the yellow fever made its appearance in Philadelphia; but being a novice in medicine, and of no assistance to his preceptor, his friends removed him to the country; and he resumed his studies in the autumn. During his pupilage, he was most attentive and assidu-

ous, and, by his amiable deportment and promising talents, became a favorite pupil, and afterwards a warm friend of his distinguished preceptor, from whom he received many tokens of esteem and affection.

He graduated at the University of Pennsylvania in 1796, and the same year settled as a practitioner in Philadelphia.

In the epidemic yellow fever of 1798, he had ample professional occupation, but was soon attacked with the disease himself, while on his way to see a sick friend near Woodbury, New Jersey. He remained during his illness at the house of a medical friend there, and recovered with difficulty.

The prospects of Dr. Otto, at his entrance into medical life, were in every way flattering. He had been the pupil, and was now the friend, of Dr. Rush; his capacities for the profession of his choice were undoubted; his manners were mild and amiable; and his moral principles were above reproach. He soon occupied a highly respectable rank amongst his contemporaries, of whom were Griffiths, James, Parke, Dewees, Physick, Hewson, Chapman, Ruan, and others; and seemed destined to occupy the position which some of these gentlemen acquired, not only as a private practitioner, but as a public teacher of the science; but his extreme diffidence of his own abilities prevented him from attempting any public display. His talents were more solid than brilliant, and his tastes more consonant with the unobtrusive sphere of the private physician, than with the excitement of public station.

In the year 1798, he was elected one of the Physicians of the Philadelphia Dispensary; an institution which he faithfully served for a period of five years.

In 1802, he was married to Eliza Tod, the daughter of Alexander Tod, a highly respectable merchant of Philadelphia,—a lady in every way qualified to render his domestic relations happy and congenial. They had nine children, seven of whom survive.

In the year 1813, Dr. Rush died, and Dr. Otto was appointed to succeed him as one of the Physicians of the Pennsylvania Hospital. A better appointment, for the interests of the Hospital, could not have been made, if untiring devotion to the sick, sound medical knowledge, a matured judgment, and a deep sense of the re-

sponsibilities of the post, are to be considered as the most important requisites. Had a handsome salary awaited Dr. Otto for the services rendered the institution, instead of their being gratuitously offered, the duties could not have been more faithfully performed. In his treatment of the patients, he united tenderness with firmness, and a humane regard for their health and comfort, with that strict discipline so necessary to the good order of a large hospital. There was nothing rough or austere in his manners, and the poorest and most destitute often found, in their physician, a kind and sympathizing friend. The caste of his mind, and the goodness of his heart, seemed to qualify him especially for the treatment of the insane, who, under the old regulations of the Hospital, were committed to the charge of the attending physician. He took a warm interest in the maladies of this deeply-afflicted class of patients, and devoted much time to the study and investigation of their diseases.

The vast improvements which modern science has introduced for the treatment of diseases of the mind, were heartily embraced by Dr. Otto; and, so far as his influence extended, he gave them his support. Unlike some of the veterans of our profession, whose dread of the spirit of innovation leads them to look with suspicion upon every thing *new*, he was open to the investigation of such novel facts and suggestions as are constantly presented in the advance of our science, and formed his conclusions of their value upon rational principles. In no department of medicine has modern inquiry been more successfully prosecuted than in the study of insanity; and to the humane mind of Dr. Otto, it must have been a source of peculiar pleasure to observe, that as he was passing from the stage of action, new light was breaking upon this obscure subject, and methods of treatment were instituted more consonant with reason and humanity than those which had prevailed in the earlier periods of his career.

Dr. Otto held the situation of Physician to the Pennsylvania Hospital during a period of twenty-two years.

At his resignation in 1835, the Board of Managers, deeply impressed with the valuable services which he had rendered the institution, adopted the following minute:

"A communication was received from Dr. John C. Otto, resigning the station of Attending Physician, after more than twen-

ty-two years' service most acceptably rendered this institution. The Managers, on parting officially from the Doctor, tender to him their acknowledgments for his long, faithful, and useful labors; and assure him of their cordial regard, and best wishes for whatever may contribute to his future happiness."

It was from his connection with the Hospital, that our deceased friend became extensively known, throughout the United States, as a physician and clinical teacher. During the latter years of his service, he had charge of the medical wards while the lectures were going on at the schools, and at a time when the institution was visited by a large number of medical students from various portions of the country. His clinical remarks were made at the bed-side; were always concise, and invariably marked by great simplicity and practical good sense. The important features in the case before the class were modestly stated; the plan of treatment, and the indications upon which it was founded, announced; together with such observations upon the disease, or the individual case, as were naturally suggested.

This was done in a clear, audible voice, without the slightest attempt at oratory, or the least embellishment, but with a gravity and dignity becoming the occasion.

I doubt not there are many practitioners, in various sections of our country, who could now testify to the value of the lessons of wisdom thus received; who can look back with lively satisfaction, and recall the slender and slightly-stooping frame of this venerable physician, as he passed around the wards of the Hospital, stopping at each bed as he passed, kindly saluting his patient, making the necessary inquiries into his condition, and then, in the most unaffected, and yet impressive, manner, addressing himself to the assembled class, and fastening upon their minds some valuable medical precept.

The great merit of the clinical teaching of Dr. Otto was its simplicity and truthfulness. A more conscientious man is perhaps rarely met with; as has been well remarked of him by one who knew him intimately, "his zealous love of truth made him scrupulously accurate in ascertaining and defining its exact limits, having a natural and excessive shrinking from any thing that was false, which rendered candor and probity his distinguishing characteristics."

It was this strict conscientiousness which imparted value to his clinical instructions. Any statement which he made might be relied on as true; so far, at least, as he was capable of forming a judgment of its correctness from the facts presented. He never ventured into the regions of hypothesis—preferring to confine himself to ascertained facts, and to the rational deductions of experience. He possessed but little of that imaginative caste of mind which is often the accompaniment of a brilliant genius, which delights to roam in the regions of the unknown in search of undiscovered truths, and to strike out new paths of investigation. If his sphere was less aspiring, it was not the less useful, while it rendered his practice safe and judicious, and gave weight and utility to his public teaching.

As a practitioner, Dr. Otto was an eclectic; he was attached to no particular theories of disease, but formed his opinion of the character of each case, and of the indications to be fulfilled, from the symptoms presented. He possessed considerable tact in the application of remedies, and generally had at his command a variety of resources, which reading and abundant personal experience suggested.

His opinions upon medical subjects were always highly esteemed by his medical brethren; and the more so, from the fact of his proverbial candor, and freedom from prejudice or bias in favor of particular theories or plans of treatment. His advice, in consultation, was frequently sought by his fellow practitioners, and always in the full assurance of his earnest and faithful cooperation, and of the utmost delicacy and propriety of conduct towards those who were younger and less experienced. However superior he might be to the physician in attendance, either in point of age, knowledge, or experience, he always took special care not to exhibit, to the patient or his friends, the least evidence of a want of confidence or respect towards his colleague, or, by word or deed, to arrogate any superior merit to himself. The same modest and unpretending demeanor, which marked him in other situations, attended him on those occasions where a knowledge of his superiority was frequently the motive for seeking his aid.

As a writer, Dr. Otto is but little known. Like many of the most experienced physicians of the United States, whose oppor-

tunities for observation, combined with a sound judgment, would give weight and importance to their statements, he has contributed but slightly to the medical literature of the country. This is, perhaps, mainly owing to diffidence of his own abilities, and partly to a want of that facility in writing which is often acquired by practice, and in which men of busy occupation are not prone to engage, without a strong motive or a natural inclination.

The few communications from his pen, however, which have appeared in the Medical Periodicals, are possessed of great practical value, and cause us to regret that they were not more frequent.

In 1803, he published a short paper in the New York Medical Repository, entitled "An account of an Hemorrhagic Disposition existing in certain families;" containing some singular facts in regard to the occurrence of the most alarming, and even fatal, hemorrhagies, after slight wounds or scratches, in the male descendants of a woman named Smith, in the vicinity of Plymouth, New Hampshire. The females of the family were exempt from the idiosyncrasy, but still were capable of transmitting it to their male children. After the use of various remedies, under the direction of the most skillful physicians, without success, during a period of many years, the sulphate of soda, in an ordinary purging dose, and repeated two or three days in succession, was found to be completely successful in arresting the discharge, and was afterwards constantly employed by the family, thus disarming this extraordinary and fearful malady of its terrors.

In 1805, another paper, upon the same subject, was published by Dr. Otto in Coxe's Medical Museum, detailing the history of four fatal cases of hereditary hemorrhage occurring in the family of Benjamin Binny, of Maryland.

These papers were, so far as I am informed, the first which had appeared upon the subject of this singular idiosyncrasy, and gave rise to others from different writers, by which many curious facts were developed;—the most elaborate of which was from the pen of Dr. Reynell Coates, and appeared in the North American Medical and Surgical Journal for July, 1828.

In the 9th vol. of the Eclectic Repertory, we find a short, but exceedingly valuable, paper on the cure of chronic rheumatism, in the form of a letter from Dr. Otto to J. D. Spragins, which ap-

pears to be an answer to certain inquiries of the latter gentleman, in reference to the Doctor's treatment of this disease in the Pennsylvania Hospital.

This plan of treatment appears to have been peculiar to Dr. Otto, and consisted in the administration of small doses of calomel and opium, night and morning; continued until salivation was induced, and resumed on the decline of the ptyalism, so as to keep up the mercurial action for three or four weeks. In some constitutions, in which a severe or protracted salivation might be deemed imprudent, the compound decoction of sarsaparilla, with the application of blisters to the affected part, was either substituted for, or used in connection with, mercury. In mild cases, mercury was not advised, and the blisters and sarsaparilla mainly relied on. In regard to the use of blisters to the parts affected, Dr. Otto remarks: "So beneficial do these prove, that it often happens, as I pass through the wards of the Hospital, if blisters have not been directed, some rheumatic patient requests to have one applied."

The efficacy of the mercurial practice, as applied to a large number of cases treated at the Hospital, some of them of a very severe and protracted character, is thus strongly set forth by Dr. Otto:—"The result of my experience is, that every form of chronic rheumatism, in almost every instance, is removed during the ptyalism, if it is carried to a considerable extent; that the exceptions are very few, indeed, where there is not permanent relief obtained; and that, in a vast majority of cases, a complete cure is effected, if the salivation has been continued actively three or four weeks. Nor have I ever had reason to regret, in a single instance, its having been employed." And again:—"Persons who have been crippled a year or two, and been entirely disabled from work, have been often restored by this remedy to their former usefulness."

I have been thus particular in stating the contents of this paper, from a belief that it has not received that consideration from the profession which its merits demand, and which the high authority of its author would seem to warrant; and from the fact, that the practice therein recommended, appears to have been, to a great extent, peculiar to Dr. Otto.

Another publication, well worthy of notice, is a communica-

tion read before this body in 1828, entitled "Case of Epilepsy successfully treated."

This paper was published in the North American Medical and Surgical Journal, and has attracted considerable attention. It refers to a case of epilepsy, of a year's standing, in a boy about thirteen years of age. The attacks were frequent and violent, and the case altogether discouraging. The Doctor commenced the treatment with anthelmintic medicine, from a suspicion that the disease might be produced or aggravated by worms. After a considerable period, a portion of what was supposed to be a tape worm was discharged. He was likewise ordered three tea-spoonsful of a powder, consisting of equal parts, in bulk, of pulverized sage and ginger, and unbruised mustard-seed; this quantity to be given in water, syrup, or other agreeable vehicle, three mornings, fasting, and then omitted three mornings, and so on, alternately. The medicine was continued about a year, the convulsions becoming less frequent and violent, and, finally, they ceased altogether.

The patient continued free from the disease for four years; his mind, which had been enfeebled, regained its strength; and he was able to work diligently at his trade. It was not until this period that Dr. Otto reported his case—showing his extreme caution and conscientiousness in this respect.

The Doctor further states, that he never considers this remedy to have had a fair trial until it has been continued for at least six months; and that, even then, he is sensible that it restores but few, but that it has been more efficacious than any other article he has tried. He also recommends this powder in obstinate cases of chorea, and some of those painful chronic affections of the head appearing to depend on a deranged state of the stomach. It acts as a gentle tonic, and sometimes as a mild aperient; and is now known, and somewhat extensively used, as an excellent anti-spasmodic powder. Its utility, in some cases of epilepsy, has been attested by other practitioners, who have employed it at the recommendation of Dr. Otto.

This paper contains, also, some valuable practical suggestions on the general treatment of epilepsy, with an excellent description of a form of the disease occurring in young persons, not

before described. It does the author great credit, and is a valuable contribution to medical science.

In the year 1830, Dr. Otto read before this College, a communication on "Congenital Incontinence of Urine," which was also published in the North American Medical and Surgical Journal, and is the last production of his pen which has come under my notice.

This paper contains some exceedingly valuable practical hints on the treatment of incontinence of urine occurring in children, illustrated by the history of five cases, successfully treated. The chief remedies employed in these cases were a decoction of the uva ursi, and the muriated tincture of iron, the cold dash to the perineum and nates, and, if occasion demands it, a blister to the sacrum. This practice has since been extensively adopted in this City, and, I have reason to believe, with the most encouraging results. We are indebted to Dr. Otto not only for suggesting these remedies, but for establishing as a *disease* what has been falsely considered a mere filthy *habit*—often subjecting innocent children to punishment and mortification, when the true method of cure consisted in the use of appropriate medicines.

From this brief synopsis of the labors of Dr. Otto as a writer, it will be seen that, although he has rarely appeared in that capacity, yet, when he did so appear, he never failed to add something to our stock of knowledge, or to throw additional light upon the topic which he discussed. Did medical writers generally pursue this course, what a vast amount of useless verbiage would be spared; how many erroneous opinions would be confined to those who conceived and nurtured them, instead of being thrust upon the world to do more extensive mischief; and how much more simple and clear would be the views of medical men, upon many topics now rendered obscure by the variety of conflicting opinions concerning them.

In addition to the responsible position held by Dr. Otto, as Physician to the Pennsylvania Hospital, he was connected with several other public charities. During a period of twenty years, he served the Orphan Asylum, where he was much beloved by the children, and by all connected with that useful institution. He was also

Physician, during many years, to the Magdalen Asylum, in the prosperity of which he took a deep interest.

When the alarm of epidemic cholera reached Philadelphia, Dr. Otto was one of twelve of our most eminent physicians, who were appointed by the public authorities to adopt such sanatory measures as they might deem expedient to mitigate the force of the impending calamity, and to establish and conduct hospitals in the different sections of the City.

At the organization of this body, Dr. Otto was unanimously called upon to preside over their deliberations,—a mark of respect and confidence on the part of his medical brethren, which, while it must have been peculiarly grateful to his feelings, evinced to the public the high estimation in which he was held by those who had the best opportunities of forming a judgment of his merits.

In this position, as in all other public stations, he fulfilled the duties with the greatest propriety and punctuality—being always at his post at the appointed time, and taking a lively interest in the various operations of the Sanatory Board. The importance of these measures, and their influence upon the health and tranquillity of the community during this dreaded period, will be long remembered, and were at the time gratefully appreciated, by the inhabitants of Philadelphia.

As a member of this institution, we can all bear testimony to the warmth of Dr. Otto's zeal in promoting its interests and prosperity. Looking upon the College of Physicians, not only as a scientific body, through the influence of which medical knowledge might be advanced, but as a sort of conservator of professional morals, he was deeply interested in all its movements, and a diligent attender of its meetings.

His keen sense of propriety, and uncompromising adherence to principle, fitted him remarkably for the delicate office of Censor, which he filled to the satisfaction of the Fellows for many years. At the death of my lamented father, in 1840, he was elected as Vice-President; a position which he occupied at the time of his death.

In the late revision of the By-Laws and Rules for professional conduct, he took an active part, and was one of the committee of

three who prepared this extended and admirable code for the action of the College.

This labor was amongst his last services, and was a fitting occupation for one who had so beautifully illustrated, through a long life, the principles which he now presented for the acceptance of others. In fact, Dr. Otto was a model of excellence in all that pertains to the duties of the physician towards his brother practitioner, and towards the community.

His ethical views were based upon the highest moral considerations; he looked upon the physician as properly the minister of good to his fellow beings, and hence, as bound to act in all cases with reference, not to his own interest alone, but to those more elevated and enlarged views which bind us, by the ties of benevolence and humanity, to the common brotherhood of man. In his intercouse with his patients, he was candid, ingenuous, and open, never concealing, from them or their friends, his real views of the nature of their diseases, where such information was important to be known. Towards his professional brethren, his conduct was frank, liberal, and cordial, giving him a just claim to the affectionate regard in which he was held by the medical profession generally. My venerated father used frequently to remark, that Dr. Otto and himself presented a strong illustration of the falsity of the popular idea, that physicians, as a class, were quarrelsome. He and the Doctor lived within one square of each other for a period of thirty years, each busily engaged in kindred pursuits, and liable, had they been so disposed, to come into frequent collision; and yet, by the observance of those amiable and just principles which should regulate our intercourse with each other, they maintained, during the whole period, a warm and constant friendship, vieing with each other in acts of kindness and good neighborhood, rather than in efforts to promote their individual interests at the expense of each other.

Dr. Otto's private practice was less extensive and lucrative than that of some of his contemporaries of equal standing. He confined himself wholly to the practice of medicine, avoiding surgery and obstetrics; and though he enjoyed the patronage and confidence of some of the most substantial and respectable families of the City, yet his retiring and unassuming manners prevented him from aspiring to a place amongst the fashionable

circles. Those who knew him best, valued him most, and some of those families who originally employed him had such confidence in his skill, and became so attached to him, that he continued to be their physician during his whole medical career; a period of nearly half a century.

In the social relations of life, our deceased friend was remarkable for the simplicity and ease of his manners, and for the instruction which pervaded his conversation. He rarely mixed in convivial parties, as they interfered with those habits of life which he had marked out for himself. He generally retired at ten o'clock, and rose before six o'clock in the morning—spending an hour before breakfast in serious reading and meditation, to fit him for the responsible duties of the day. He read the Scriptures morning and evening, and rarely passed a day without perusing a portion of Thomas à Kempis' admirable work, the Imitation of Christ.

He was of a truly catholic spirit, and remarkably free from bigotry and prejudice towards any nation or sect. Although warmly attached to the doctrines and forms of the Presbyterians, he was disposed to form his estimate of men more by their daily practice than by their opinions, and never indulged in denunciation against those who differed from him in religious belief. His own religion was eminently practical and vital. By it, his passions were kept in subordination, and his desires circumscribed. In trouble and in sickness, he was patient and uncomplaining; in health and prosperity, humble and thankful; and in all the situations of life, full of kindness and benevolence towards his fellow beings. His scrupulous honesty as a medical teacher has before been alluded to; this same probity followed him in all the transactions of life, so that his integrity and uprightness were proverbial.

The life of this excellent man terminated about six o'clock P. M., on the 26th of the Sixth month, (June,) 1844, in the 71st year of his age. He had, for many years, been subject to frequent attacks of general gout, which were often of a most severe character, but which seldom confined him long to the house. For five or six months previous to his death, his strength had been gradually failing, without any acute or painful symptoms. There was that slow and progressive decline of the vital powers, which is

uninfluenced by remedial measures, or by nutritious food, and which presages a dissolution of the frame at no distant period;—a sort of breaking up of the system, or a wearing out of the machine, which it is beyond the power of art to invigorate or repair. Towards the close of life, œdema of the extremities occurred, with great difficulty of respiration, which induced Dr. Hewson and myself, his medical attendants, to suppose that hydrothorax had taken place, and we had little doubt that this condition was preceded by extensive organic disease of the heart, although no post-mortem examination was instituted to test the accuracy of this opinion.

During this long illness, Dr. Otto maintained an unusual serenity and composure, and looked forward to the final result with entire resignation to the Divine will. He died, as he had lived, a humble and devout Christian—beloved and respected by all who knew him, and highly esteemed throughout this community.

I have thus endeavored, gentlemen, to present a faint sketch of the character of our late venerable friend. His presence in this Hall has often inspired us with respect and affection, and his departure from our midst has created a painful blank. It is true, he was not a great man, in the ordinary sense of the term; he had not attracted around him crowds of admiring votaries, who hung upon his accents as though they were oracular; he was not gifted with those splendid abilities which fit men for leaders in the onward march of science; his medical opinions were not, like those of his distinguished master, stamped upon the literature of his age and country. But, notwithstanding he was a plain, unpretending man, he was one of the soundest and most judicious physicians of our country,—well read in the school of nature, and his mind stored with the treasures of knowledge, derived from an intimate acquaintance with the works of ancient and modern authors. If his career was not brilliant, it was eminently useful. If his name is not emblazoned on the scroll of fame, it lives in the hearts of those who enjoyed the advantages of his kindness and skill, and who received the benefits of his wise counsels.

SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

FROM MAY TO OCTOBER, 1845, INCLUSIVE.

Stated Meeting, May 6th, 1845.

Dr. NEILL, Vice President, in the chair.

Present, fourteen members.

FRANCIS GURNEY SMITH, M. D., was duly elected a Fellow.

The Committee on Publication reported, that they had issued the ninth number of the Summary of the Transactions of the College, and have had printed, in obedience with the resolution of the College, two hundred and fifty extra copies of the Biographical notice of the late Dr. JOHN C. OTTO, and requested instructions as to the disposal of the latter; when, upon the motion of Drs. MOORE and WOOD, it was *Resolved*, that twelve copies be presented to the widow of Dr. OTTO, that each Fellow of the College be presented with one copy, and that the remaining copies be placed at the disposal of Dr. PARRISH.

The Library Committee reported, that they had received from the Sydenham Society of London, THE WORKS OF PAULUS EGINITA, vol. i., and ERICKSON ON ANEURISM.

Some conversation took place between Drs. MOORE, BELL, and CONDIE, in reference to the prevalence of Small Pox in certain sections of the City and surrounding Districts, and on the protective powers of Vaccination. The speakers professing their unabated

confidence in the prophylactic powers of the vaccine disease whenever the system has been placed and remains fully under its influence; but advocating, nevertheless, the practice, on occasions, of re-vaccination, as a test of this latter fact.

Dr. Condie maintained, that, as a general rule, the protective power of the vaccine infection, in those who had been once placed fully under its influence, was, under ordinary circumstances, permanent. We know, that in certain variolous epidemics of great malignity, scarcely any thing affords immunity from the disease, and very many of those who have been vaccinated, as well as of those who have already had the small-pox, either from innoculation or otherwise, are attacked with more or less violence. He has seen no facts to convince him that the power of the vaccine protection is impaired, and finally destroyed, in the course of time. There are, unquestionably, certain constitutions, which resist the vaccine infection entirely, while there are others which can only be placed partially under its influence, and which, in a short time, become again liable to be attacked by the small-pox. It is as a means of detecting and remedying these partial infections, that the practice of re-vaccination becomes of importance.

During the prevalence of small-pox, Dr. C. has not, certainly observed that the susceptibility to an attack of the disease was generally greater in the adult who had been vaccinated in infancy, than in individuals who had been vaccinated but a few years previously.

Dr. Moore remarked, that his experience differed very much from that of Dr. Condie. He has invariably found, that the susceptibility to the contagion of small-pox, in those who had been vaccinated, as well as the violence of the disease when it occurred in them, was in direct proportion to the length of the period that had elapsed since the vaccination was performed. Thus, within the first year after the vaccine infection, he has seldom, if ever, seen an attack, of small-pox, to occur, even in a mitigated form, and very rarely within the second year. After, however, five years have elapsed from the period of vaccination, he has observed the attacks of small-pox to be very common; while, after the fifteenth year, up to the twentieth, according to his experience, the attack of small-pox was liable to assume a very aggravated character; he has seen it then, to be marked with equal violence and malignancy, as in those who were unprotected, and it is at this period, that death from attacks of small-pox after vaccination, most usually occurs. Is it not, he would ask, the general experience of the profession, that the small-pox, when it attacks those who have been vaccinated over fifteen years, is attended with greater severity than when it attacks those in whom the vaccination had been more recently performed? Hence he was inclined to consider the practice of re-vaccination, at proper inter-

vals, as always a prudent precautionary measure, if it be not essential to keep up the protective power of the vaccine infection.

Dr. Bell was by no means inclined to deny, or even in any degree to underrate the importance of re-vaccination. We are not always certain that all who are reported to have been vaccinated have been so—at least effectually—nor is it always possible for a practitioner to say absolutely, even in those cases in which he has been careful to insert genuine matter, and has watched attentively the phenomena which result from it, that the system has been fully infected. This we cannot determine positively, even from the appearance and progress of the eruption on the arm. Our only test is re-vaccination. Dr. Bell was not, however, convinced that the less or greater liability of the vaccinated to an attack of small-pox, or that the character of the attack in regard to its mildness or violence is always in direct proportion to the number of years that had elapsed from the period when vaccination was performed. Some of the most violent cases of varioloid he has seen, have occurred in quite young persons, while one of the mildest was in an adult who had been peculiarly exposed to the variolous infection, and had been vaccinated fifteen years previously. The supposed gradual diminution in the protective powers of vaccination, by the lapse of time, was not, he apprehended, the true explanation of the cause why certain individuals who, to all appearance, have been placed very completely under the influence of the vaccine infection, became subsequently attacked by the small-pox. But whatever was the difference of opinion among physicians in regard to the points alluded to, he was happy to find that their confidence in vaccination as the best and, with the precaution of repeating the infection whenever any doubt existed as to the prophylaxis afforded by the first operation—the most certain means of protection against the contagion of small-pox remained unabated.

Stated Meeting, June 3d, 1845.

Dr. Hewson, President, in the chair.

Present, twenty-seven members.

The Committee appointed to procure a room for the permanent accommodation of the College and its Library, made a report, in which they stated, that the apartment over the Library room of the Mercantile Library Company, in the new building in Fifth street below Chestnut street, was the only one they could procure, adapted from its location, price, and other circumstances, as a place of meeting. "The apartment referred to, although situated in the upper

story of the building, is, nevertheless, airy, well lighted, and commodious, with a wide, easy, and conspicuous entrance, and forming a part of one of our most beautiful public edifices."

The report concludes as follows:

"The committee, although not appointed for that purpose, would beg leave to present several considerations, which induce them to recommend a removal to the apartment alluded to. Of the use of the Library of the College, the Fellows are now entirely deprived, for the want of sufficient space for its proper arrangement, and the means of ready access to the works which it contains. With a room adapted for its proper accommodation, it would be at once placed at all times, at the command of those Fellows who may have occasion to consult it.

"The propriety of establishing a Medical Athæneum, has also claimed the attention of the Committee, in connection with the proposed removal. The room referred being appropriated solely to the use of the College, and entirely under its control, it could be opened daily, under the care of the superintendent of the building, and all the Medical Journals, both Foreign and Domestic, placed upon the table for the use of the Fellows.

"By procuring in exchange for the Summary of its Proceedings, published periodically by the College, the different medical journals of this and other countries, which the Committee believe may be readily effected, the regular supply of the latter would be attended with but a trifling expense.

"By the arrangements just referred to, the usefulness and reputation of the College would be enhanced; its library would increase in extent and value, while the current medical literature, which is now assuming an importance far beyond what it possessed at any former period, would, at all times, be accessible to the Fellows, without subjecting them to the very heavy expenditure necessarily attendant upon the same advantages when attempted to be secured by them individually."

On motion of Dr. Morris, it was *Resolved*, that the Committee be instructed to lease, forthwith, for one year, the room referred to in their report, for the use of the College; with the understanding, that the College shall have the power to renew the lease for a further term, should it think proper.

On motion of Dr. Condie, it was *Resolved*, that the said Committee be instructed to have the room, when leased, fitted up and furnished for the accommodation of the Library and the Sessions of the College.

The Treasurer presented a statement of his account with the College for the year ending this day, which, with the vouchers, was referred to the Censors.

The President, in obedience with the requirements of the Laws of the College, nominated the Standing Committees for the ensuing year, as follows:

On the *Library*, Drs. Moore, Coates, West.
On *Public Hygiene*, Dr. Bell.
On the *Theory and Practice of Medicine*, Dr. Jackson.
On *Surgery*, Dr. Parrish.
On *Midwifery*, Dr. Warrington.
On the *Diseases of Women*, Dr. Bond.
On the *Diseases of Children*, Dr. Condie.
On *Materia Medica and Pharmacy*, Dr. Carson.
On *Meteorology and Epidemics*, Dr. Moore.

Dr. Fox presented a preparation of the parts taken from an infant that had died from imperforate anus. There was an entire absence of the rectum; from the sigmoid flexure of the colon, a narrow membranous canal passed downwards and forwards, and entered the urethra near its commencement. On the second day after the birth of the infant, an operation was attempted for the formation of an artificial anus, but without success. The child lived twenty-one days.

Dr. Condie stated that he had met with a somewhat similar case. The canal of the intestine ceased suddenly at the projection of the sacrum, from which part a very narrow canal passed downwards and forwards, and entered the bladder near its fundus. Soft fæcal matter and flatus were passed through the urethra. An operation was attempted for the formation of an artificial anus, but without success. The child lived fourteen days.

Stated Meeting, July 1st, 1845.

Dr. Bond, in the chair.

Present, nineteen members.

The Committee on new room, reported, that they had leased the apartment in the Mercantile Library building, according to the instructions of the College, and have commenced the fitting up and furnishing of the same, and that they expected the same would be ready by the next Session of the College.

The Censors reported, that they had audited the accounts of the Treasurer for the past year, and find the same to be correct.

Agreeably to the provisions of the Act of Incorporation, the College proceeded to an election for Officers for the ensuing twelve months, which resulted as follows:

President.

THOMAS T. HEWSON, M. D.

Vice President.

HENRY NEILL, M. D.

Censors.

GEORGE B. WOOD, M. D.
J. WILSON MOORE, M. D.
CHARLES D. MEIGS, M. D.
HENRY BOND, M. D.

Secretary.

D. FRANCIS CONDIE, M. D.

Treasurer.

J. RODMAN PAUL, M. D.

The College proceeded to consider a proposition, laid upon the table at a previous meeting, to amend *Section* 11, of CHAPTER II. of the "ORDINANCES AND BY-LAWS," which was adopted as follows:

"The *initiation fee* shall be fifteen dollars, payable at or before the time of signing the Ordinances and By-Laws, and the *annual contribution* shall be five dollars, payable at the stated meeting in July."

Dr. PARRISH, announced the death of Dr. SEWALL, of Washington, D. C., an Associate of the College, which the Secretary was directed to record.

Stated Meeting, August 5th, 1845.

Dr. BOND, in the chair.

Present, thirteen members.

On motion of Dr. PARRISH, it was *Resolved*, that the Committee on the Library, be requested to have prepared a complete catalogue of the books belonging to the Library of the College, and that four Fellows be appointed to assist the Committee in carying this resolution into effect.

Drs. GRISCOM, JACKSON, PATTERSON and PARRISH were accordingly appointed.

On motion of Dr. Parrish, it was *Resolved*, that the Chamber of the College remain open at all times, during the day, for the admission of the Fellows, and that the Library Committee, be directed to have the Library open from eleven o'clock A. M. until two o'clock P. M., daily, for the delivery and receipt of books.

Dr. Page, announced the death of Joseph Peace, M. D. a Fellow of the College, which took place at Bristol, Pa. on the 25th, ultimo.

Dr. Fox, was appointed to prepare a Biographical notice of the deceased.

Dr. Bond, announced the death of John Ruan, M. D. one of the oldest surviving Fellows of the College.

Dr. Bond, was appointed to prepare a Biographical notice of Dr. Ruan.

Stated Meeting, September 2nd, 1845.

Dr. Neill, Vice President, in the chair.

Present, twenty members.

Mahlon P. Hutchinson, M. D.
N. D. Benedict, M. D. and
Benjamin Say Janney, M. D. were duly elected Fellows.

Dr. Parrish, presented to the Library of the College the following works:

De Urinis et Pulsibus, de Missione sanguinis, de Febribus, de Morbis Capitis et Pectoris, Opus Laurentii Bellini, dictatum Francisco Redi, 1730. 8vo.

Therausus Medicus, sive disputationum in Academia Edinensi, Delectus A. Gulielmo Smellio. 2 vols. 1779. 8vo.

The Natural Method of Curing the Diseases of the Body, and the Disorders of the Mind depending on the Body. By George Cheyne, M. D. London: 1742. 8vo.

Medicinia Statica; being the Aphorisms of Sanctorius. Translated by John Quincy, M. D. London: 1718. 8vo.

A. Corn. Celsi De Medicina. Lugduni Batavorum. 1746. 8vo.

Observationes circa Scorbutum ejusque Indolem, Causas, Signa et Curam. Auctore J. F. Bachstorm, M. D. 1734. 12mo.

Institutiones Medicæ in usus Annuæ exercitationis domesticos. Auctore Hermanno Boerhaave. 1773. 12mo.

Dr. Bond presented and read the following

BIOGRAPHICAL NOTICE

OF THE

LATE DR. JOHN RUAN.

There are many individuals whose lives have been marked by no achievements of extraordinary brilliancy, and no incidents to fill the world's mouth; but which, nevertheless, present most wholesome examples for imitation, and the recollections of which are among the most precious treasures of their friends. Such are they who listen to the still small voice of conscience, and think it

> "Greatly wise to talk with their past hours,
> And ask them what report they bore to heaven;
> And how they might have borne more welcome news;"

Rather than to the loud claims of ambition—that insatiable thirsting for power and distinction, governed only by the dictates of worldly expediency, without scruples as to the means adopted in the pursuit and attainment of its objects; but

> "Whose yesterdays look backward,
> And, like the Parthian, wound him as he flies."

These thoughts are elicited by the contemplation of the character of him, a notice of whose life it has been made my duty, as it is my pleasure, briefly to present to this Society.

Dr. John Ruan was the second son of John Ruan, a respectable gentleman planter in the island of St. Croix, in the West Indies, where he was born, June 19th, 1771. His father died in 1782, and his mother being previously deceased, he and his elder brother were sent by their guardians to this country to complete their education, and were placed under the care of Mr. Isaac Barnes, of the City of Trenton, New Jersey. Young Ruan studied four years in the Academy of that place, of which the Rev. James Armstrong, D. D., was at that time the Principal. In 1788, he entered the Junior Class of Princeton College, of which our late Vice President, Dr. Otto, was a member; and took his first degree in 1790, and afterwards that of Master of Arts. In the following winter he attended a course of medical lectures in Philadelphia. In the spring of 1791, he went to Edinburg, then the most renowned medical school in Great Britain,

if not in the world. There he remained, prosecuting his medical studies, until 1793, when he, in company with our late President, Dr. Thomas C. James, his fellow student, returned to the United States, and landed at Wiscasset, in Maine. It appears, by the catalogue of his *Alma Mater*, that he obtained the degree of M. D., but at what time, or in what institution, I have not learned.

Soon after his return from Europe, he commenced the practice of medicine in the borough of Frankford, near Philadelphia, where he remained fifteen years; at the termination of which period he removed to a farm, which he had purchased a few miles from that borough. There he remained three years, still devoted to the duties of his profession, which, in 1811, he relinquished, and retired to a plantation in Maryland, where he resided ten years. He spent the winter of 1821 in his native island, on a visit to his two brothers, who were planters there. On his return he found it necessary, on account of pecuniary losses, to resume the practice of his profession; and in the spring of 1822, he settled in Newportville, in Bucks county, Pa. But he soon found a country practice too fatiguing for one at his time of life, being then fifty-one years old; and in the autumn of that year, he removed to Philadelphia, being encouraged thereto by some of his old professional friends—particularly by Drs. Otto and Dewees, and by his warm friend and fellow student, Dr. James. He soon acquired business, and in a very few years had a larger obstetrical practice than any other physician in this City. Two or three physicians in the Incorporated Districts have sometimes made larger annual reports of births to the Board of Health; but, during the twenty-two years of his professional life in Philadelphia, his obstetrical practice amounted to 400 cases more than that of any other practitioner in the City. He attended 2922 cases; and from 1830 to 1840, from his sixtieth to his seventieth year, his cases, annually, varied from 161 to 214. To be able, at that time of life, to undergo all the watching and fatigue necessarily connected with such a practice, shows that he was blessed with a constitution of great vigour, and capable of great endurance.

In the spring of 1843, he had a severe attack of pneumonia, by which he was greatly reduced and prostrated. He recovered so far as to enjoy comfortable health and to resume his professional labours. But his constitution had received so severe a shock, that the fatigue and watching necessarily connected with his business, rapidly hastened on the infirmities of age, and in the summer of 1844, he was compelled to withdraw entirely from practice; and late in the autumn of that year, he removed to a small estate which he owned in Bucks county,—where he died, July the 2d, 1845, in the seventy-fifth year of his age, greatly respected and deeply lamented.

In his manners, Dr. Ruan evinced the simplicity and courteous-

ness of the real gentleman, and the sincerity and benignity of the true Christian. He well understood and practised the rules of intercourse observed in the best bred society, and was punctilious in conforming to the strictest rules of professional etiquette.

He was no vaunter of his own success, nor had he trumpeters at hotels and on the corners of the streets to spread his fame, and gain adherents. His uncommon success in his profession was the result of kindness, courteousness, and fidelity—of his unwearied attention and unmeasured benevolence. The poor never called on him in vain, and no labour was ever spared when he could minister to their relief. He was always cheerful, but never frivolous; prompt in the discharge of duty, but not officious; gentle, but decided; dignified, but free from austerity. He seldom failed to inspire his patients with the highest confidence in his ability and friendship. His liberal, tolerant spirit, and the benevolence of his heart were evinced in every action, and imparted to his conversation a peculiar charm. His extensive and various reading gave him a fund of information, which made his conversation instructive as well as agreeable.

In all the domestic relations he was a most excellent model for imitation. He was very little disposed to mingle in a throng or to frequent the crowded festive hall; his pleasures and his affections centred in the domestic circle. There he might almost always be found, except when called away by the duties of his profession, or by those of religion. In former years, he frequently attended the meetings of the College, but a laborious practice, added to the burden of years, rendered his attendance of late unfrequent. He, however, continued to feel a lively interest in the prosperity and honour of our Society.

I cannot learn that Dr. Ruan ever wrote any thing for the press; but he has left, in manuscript, some notes of cases which he either attended or witnessed. It seems, at first view, somewhat remarkable that one of so cultivated a mind, and such extensive observation, should have added nothing to the stock of recorded medical facts and observations. During that part of his life, in which men usually write, if ever, he was either engaged in a laborious country practice, or was in retirement from the profession; and after his resumption of its active duties, and his settlement in this City, the nature and extent of his professional engagements, would seem to furnish a sufficient reason why, at his time of life, he did not turn author. And, moreover, one of his prominent characteristics was a dislike, we might almost say, a morbid repugnance, to the semblance of seeking notoriety.

In February, 1805, when he resided in Frankford, he was elected an Honorary Member of the Philadelphia Medical Society; and in April, 1823, a few months after his settlement in this City, he was elected a Fellow of this College.

He was naturalized in 1798, at the earliest period after his settle-

ment in the country, which the laws of the United States admitted of; and he always evinced a warm attachment to the interests and institutions of his adopted country.

Dr. Ruan was married three times, and in each instance he drew a high prize in the matrimonial lottery. In 1793, he married Elizabeth, a daughter of Richard Gibbs, an English gentleman of fortune, by whom he had two children. In 1805, he married Rachel, a daughter of Dr. William McIlvain, of Burlington, N. J., by whom he had several children, all of whom died in childhood. In 1822, he married Susan, a daughter of the Hon. William Rodman, of Bensalem, Bucks county, Pa., by whom he had six children; three of these, together with their mother, have survived him to mourn his departure.

He was many years a communicant in the Protestant Episcopal Church, in which he had been baptized in infancy; and, in his protracted sufferings and infirmities, he was remarkably sustained by the hopes and consolations of religion. Of his religious character, it is perhaps sufficient to say, for it is saying much, that his life was so exemplary, so conformable to what he professed, that he never gave the enemies of religion occasion to speak reproachfully of it on his account.

On motion, the said notice was referred to the Publishing Committee, with directions to have it inserted in the printed Summary of the Transactions of the College.

Dr. Ashmead related an interesting case of disease, which occurred in a female, sixty years old. The patient had been subject to rheumatism and to sudden attacks of violent palpitation of the heart. On the 18th of July last, she experienced a slight attack of rheumatism, attended with fever, active pulse, and pain extending along the right thigh and leg, down to the foot. Under a mild, simple treatment the patient gradually improved. About the 25th of the month, the Doctor was sent for to see her; she now complained of constant intense pain of the right foot and ankle, with a sensation of morbid heat of the parts, notwithstanding they felt cold, like those of a corpse, to the hand of another person. The veins of the foot were distended, and very sensible to the touch. The whole foot and toes were of a dark red colour; when the blood was pressed out of the discoloured parts, or large veins, it returned very slowly. The pulse was feeble, and the night was passed without sleep; there was no appetite; the tongue was furred. The patient was put upon the use of stimulants internally, and a full, nutritive diet; the foot, at the same time being bathed with warm oil, and then enveloped in wool, over which a silk handkerchief was wrapped, and the foot kept elevated. Under this treatment, the heat of the foot became gradually restored, and the pain, morbid sense of heat, distension of

the veins, and discoloration, by degrees, disappeared; so that by the end of three weeks, the patient was pretty well recovered. Some œdema of the dorsum of the foot, slight pain, and a trifling degree of discoloration, especially about the big toe, were all that remained.

Dr. Beesly presented the outlines of what he considered a somewhat analogous case, that terminated in sphacelus of the foot and leg.

Dr. Beesly related two cases, in which anomalous symptoms, dependent, apparently, upon the injury of some internal organ or structure, occurred immediately subsequent to violent exertion.

A female, who was nursing her child upon a rocking-chair, threw herself, accidentally, so far back as to endanger her falling, with the chair, backwards. In her effort to save herself and to protect the child from injury, she turned herself suddenly and violently around, and was instantly seized with a severe, sharp pain in the right side, and experienced, at the same time, a sensation as though something had given away internally. Notwithstanding the employment of anodynes in full doses, the pain continued to increase during that day and the following night; fever also set in, the abdomen became distended with flatus, and the occurrence of peritoneal inflammation was feared. Blood-letting, both general and topical, were resorted to, and the bowels of the patient were freely opened by active purgatives. Under this treatment, the pain was considerably relieved, but the distension of the abdomen increased.

Leeches were again applied to the latter, and the patient was put upon the use of a saline laxative mixture. She continued in a critical situation for several days; but, finally, all symptoms of disease disappeared, and the patient was restored to her former health.

A carpenter, while at work, made a sudden violent exertion, and immediately experienced a sharp pain, and a sensation as if something had given way, within the abdomen. He was immediately taken home, confined to his bed, and placed under the influence of a full dose of morphia. No fever ensued; the pain, however, continued to be felt, and was referred to a single spot: by continuing the patient at rest, however, and the continued use of opiates, it gradually diminished, and in a few days entirely disappeared.

Dr. West related a case in which blood continued to flow from an orifice in the vein of an asphyxiated person for many hours. A female went into bathe in an ordinary bathing-tub; she was found a short time afterwards with her face submerged, and in a state of apparent death. She was a large, muscular woman, of about fifty-four years of age, having, ordinarily, a flushed, florid complexion. Several of the members of her family had been attacked with apoplexy. When Dr. West saw her, there were no indications of re-

maining vitality; her limbs were completely relaxed, and her face very much congested. A vein was opened in the arm; from the orifice, about an ounce and a half of dark fluid blood escaped, and about four or five ounces more were obtained by squeezing and rubbing the limb. Another vein was opened in the opposite arm, which bled tolerably free. The Doctor continued with the patient for several hours; but no appearance of resuscitation was evinced. On leaving, the arms of the patient were placed over a basin, the orifices remaining open. When Dr. West saw the body the next morning, there had occurred no change in its position. The blood had continued to trickle away during the night. It is probable that in all, about sixteen ounces had escaped. The sickness of the Doctor prevented a post-mortem examination being made.

Dr. Warrington stated that the female supposed to have laboured under an inversion of the uterus, which had become spontaneously replaced,—the history of whose case has been already related to the College,—had recently given birth to a child at eight months.

Dr. Tucker related a brief history of a spontaneous rupture of the uterus, which occurred during a labour.

Stated Meeting, October 7th, 1845.

Dr. Bond in the Chair.

Present, twenty-two members.

Dr. Parrish presented to the Library of the College the following works:

Traité des Aliments. Par M. Louis Lemery. Paris: 1705. 12mo.

Novum Lumen Chirurgicum. By Joseph Colbatch. London: 1695. 12mo.

Observationes circa Scorbutum. Lugduni Batavorum: 1734. 12mo.

The Messrs. Barrington and Haswell, through the recommendation of Dr. Bell, presented the following:

Christison on Poisons. 8vo.

Colles' Surgical Lectures. 8vo.

Heberden's Commentaries. 8vo.

Being the works that have appeared in the Select Medical Library for the current year, and also the numbers of the Bulletin of the Medical Sciences issued since January last.

The Secretary was directed to present to Messrs. Barrington and Haswell the thanks of the College for their donation.

The Library Committee announced that they had received from the Sydenham Society of London,

Animal Chemistry, with reference to the Physiology and Pathology of Man. By J. Franz Simon. 8vo.

The following extract from a letter addressed by Dr. Hubbard, of Hallowell, Maine, an Associate of the College, to Dr. Bond, was presented by the latter, and read by the Secretary:

In reply to your request, that I would give you the result of my experience, in the use of turpeth mineral, (Hydrarg. subsulphate.) I will submit to you the following remarks:

My attention was first directed to the use of this substance, from feeling the want of some article, reliable, as an emetic of certain, prompt, efficient, and safe action, with the least tendency to run off by the bowels. For, whatever may be thought of the value of emetico-cathartics, in many other cases, it must be admitted by all, that simple emesis is, in many pathological conditions, alone desirable; and that its complication with catharsis will, in such conditions, not only defeat the beneficial effects of the emesis, but will prove positively injurious, and often extremely hazardous. It is under precisely such conditions of the system, that the emetics, in common use, such as tart. antimon., ipecac., sulph. zinci, &c., will most frequently fail of producing efficient emesis, and are most liable to run off by the bowels. There are certain diseases—for instance, croup, and scarlatina maligna—during all the stages of which, there is great insensibility of the stomach to the impression of emetics, and, when procured by inordinate doses, emesis is likely to be very imperfect, and to be followed by catharsis. The same insensibility also exists in all diseases, under circumstances of great prostration of the system, whether that prostration be owing to the violence of the disease or to its duration.

Every practitioner of experience must have felt the importance of availing himself, under some of the above named pathological conditions, of the revellent and equalizing effect of simple emesis; and he must also have experienced the difficulty and uncertainty of obtaining it by any of the emetic substances in common use. Take, for instance, a case of spasmodic and intermittent croup. The patient is suddenly seized, for the most part in the night, with croupy cough and spasmodic breathing, which symptoms continue, attended with great distress and anxiety, for several hours, and then pass off to return on the preceding night with redoubled violence. In many instances, the intermissions of all morbid phenomena have been so perfect, as to lull the friends of the little sufferer into a fatal security,

until, by the accumulated power of repeated paroxysms, the patient is overwhelmed with disease, almost beyond the hope of recovery; when, for the first time, medical aid is called for. A single case will better illustrate the difficulties the physician has to encounter, than any general description.

I was called, in the night of Feb. 5, 1845, to see Miss C., aged about twelve years. In the three preceding nights, at about the same hour, she had been seized with paroxysms, similar to the one in which I found her,—each one continuing several hours, each of progressively increased severity, and each leaving her able to be about, during the day, with respiration so easy as to excite no alarm, and only a slight croupy cough. I found her with breathing extremely quick, laborious, and stridulous, the chest heaving with convulsive throes, the countenance livid, the eyes wild and distracted, extreme jactitation, the pulse thread-like, vaccilating, and too rapid to be counted, the extremities, up to the body, of an icy coldness,—in short, the patient appeared like one in the last agonies. Strong rubefacients were immediately applied to the whole surface, sinapisms to the spine and extremities, and heated blankets to the lower limbs. As soon as she could swallow,—for deglutition was at first extremely difficult,—five grains of the *turpeth mineral* were given at once, and followed with the free use of mustard whey; this not vomiting her, after fifteen minutes I gave her five grains more, immediately upon swallowing which, vomiting commenced, and continued smartly for more than an hour. During this operation, and for some hours after, a free use was made of a decoction of seneka, as a stimulant diaphoretic. Her respiration began to improve immediately on vomiting, and, at the end of about four hours, it was comparatively good; the skin open, natural warmth restored, and the circulation equalized. The patient was then put upon the use of the following powder:

℞ Pulv. ipecac. comp., ℈j.
Hydrarg. chlorid. mit., ℈j.
Camphor. pulv., grs. xij.

M. ft. Chart. No. vj: One to be taken every four hours; a free use to be made of the decoction of seneka in the intervals, and the bowels to be moved after twenty-four hours.

The emetic did not produce purgation. No paroxysm of difficult breathing returned. In forty-eight hours, my attendance ceased. I know of no other emetic substance that would have effectually met such a case. Ipecac., sulphate of zinc, &c., would have proved too feeble at best. Tartarized antimony, would, I conceive, have been hazardous, from its nauseating and sedative effect, setting aside the uncertainty of its procuring emesis in any reasonable dose, and the almost certainty of its producing exhausting catharsis. I re-

peat, then, that in this form and condition of croup, my experience furnishes me with no substitute for the *turpeth mineral*, as an emetic.

In the more inflammatory and less paroxysmal forms of this disease, with decided arterial excitement, and hot skin, from the commencement, tartarized antimony, as a nauseant and emetic, may be, and undoubtedly is, with certain limitations, preferable. Still, I must say, that in all stages and conditions of this disease, where the equalizing and revellent effect of emesis is alone desired, I have never regretted having used the turpeth mineral, in preference to all other emetics. These remarks might easily be extended to the use of this remedy in some other forms of disease, and especially in some of the anginose affections. The hints above given will, however, enable the experienced physician to determine its applicability to such conditions, and I am warned to bring to a close these remarks, which you may find already too prolix.

It remains, then, only to say a few words upon the peculiarity of this substance as an emetic, and upon some of the objections urged against it. In the first place, the promptness and certainty of its operation belong to no other substance within my knowledge. It has seldom, if ever, failed to vomit efficiently, when administered in a proper dose, in any of the various conditions of the stomach, and of the system, in which I have given it. It usually acts in ten or fifteen minutes, and the dose should be repeated at those intervals, if the first fail, which rarely happens. In efficiency and revellent power, it is not, perhaps, quite equal to the tartarized antimony; it is, however, vastly superior, in these respects, to ipecac. or any other substance known to me. In safety, it is greatly superior to antimony. Its emetic operation usually continues from an hour to an hour and a half, accompanied and followed by none of the distressing nausea, prostration, and depletion of antimony; but, on the contrary, leaving the patient with the invigorated feeling arising from equalized warmth and circulation. In its emetic operation, it has seldom, never in my recollection, been accompanied or followed by catharsis. I have never known it to be violent, nor otherwise than entirely safe in its operation, although I have given it in much larger doses than are usually directed; nor have I ever seen salivation follow its use as an emetic. So safe do I consider it, that in urgent cases I have not hesitated to put my patient under its full emetic operation, two or three times within twenty-four hours; nor have I seen ill consequences result from such practice. I am inclined to think that the dose should be somewhat larger than is usually recommended. From two to three grains may be given to a child two years old, and repeated in ten or fifteen minutes, until emesis is produced. If the first dose fails, the second usually acts as soon as it touches the stomach.

I have thus given you, as you requested, the result of my experi-

ence in the use of this article—an experience somewhat extensive, during the last ten years:—such as it is, it is at your disposal.

Dr. Morris had no doubt that every physician, of much practice, must have experienced the need of a safe and efficient emetic, under the circumstances stated in the communication of Dr. Hubbard, as a substitute for the more active and depressing articles, in general use.

In a case of croup, some years ago, in which Dr. Meigs was in consultation, where tartar emetic had been carried as far as was deemed prudent, Dr. Meigs proposed the use of powdered alum, which answered an admirable purpose. Dr. Morris has since, repeatedly, used this article under similar circumstances, and has found it very rapid and efficient. It is an old remedy, but the suggestion for its use, under the circumstances referred to, came to him through Dr. Meigs, and he would confidently recommend it to the Fellows.

Dr. Bell mistrusted the power of emetics, on the ground of their emetic effects alone, in the cases referred to in the communication of Dr. Hubbard. He considered croup to be an inflammatory disease, and preferred to place his reliance on depletion, and the antiphlogistic powers of tartar emetic. He considers the enfeebling effects of these remedies less to be dreaded, than the inflammation and morbid accumulations, which are too apt to follow a less energetic practice. The fact of the paroxysmal character of croup, is apt to deceive physicians into the idea, that no inflammation exists, whereas, Dr. B. believes that inflammations are very apt to assume a paroxysmal form, especially in croup. Dissections of those dying of this disease, manifest the pre-existence of inflammation of the larynx and trachea; and the same inference may be drawn from the repetition of the symptoms, after an apparent subsidence. One attack may occur to-night, and be relieved by morning, by mild means, whereas, on the following night, a still more violent paroxysm may unexpectedly occur, which shall destroy the patient, showing the probable continued existence of the disease, in a latent state. Dr. Bell thought that the effects of Coxe's Hive Syrup, when used as a domestic remedy, should not be confounded with those of tartar emetic, cautiously prescribed, and its effects carefully watched by the physician. It must be remembered that the former is a compound article, containing, amongst other things, squills, which is itself a very depressing article—besides, the injudicious use of this compound by parents and nurses, is no argument against its employment, under proper restrictions. To return to the effects of tartarized antimony, in the disease under consideration. Dr. B. was unable to find any substitute for it—any article having less power, would, in his opinion, be inadequate to the effect desired.

Dr. B. did not know that he had ever treated a case of croup (and he has seen many) without it, and he had never witnessed any alarming effects from it, except in one instance.

That was in a little girl, five or six years of age, who had an attack of croup in the night, which was relieved by morning, under the use of tart. emet., administered under Dr. B.'s immediate notice. A repetition of the medicine was directed, in the event of a return of the croupal cough, and the mother, misunderstanding the directions, gave it repeatedly, and at the same short intervals, as had been done during the height of the paroxysm. The prostration which ensued was so alarming as to induce the attendants to send for the Doctor; but, in a short time, and though the patient was in a critical condition, she was effectually aroused by cordials and stimulants.

Dr. Bell agreed with Dr. Morris, as to the exceeding rarety of spasmodic croup, and when this form does occur, he knows of no remedy more likely to relieve it, than the tartar emetic.

Dr. Bell believes that the confidence reposed by American physicians in the use of the lancet, tartar emetic, and calomel in croup, was the ground of their superior success in the treatment of this disease; whereas, our trans-atlantic brethren, who are fearful of the use of these heroic remedies, do not enjoy, and probably from this very reason, the same success.

Dr. Bell, therefore, prefers to meet the disease by a frank, decided treatment in the outset, and, instead of relying simply on vomiting and anti-spasmodics, he prefers tartar emetic and the lancet, with a view to their depressing effect.

Dr. Condie remarked that, so far as they go, the observations of our associate, Dr. Hubbard, on the powers of the turpeth mineral, in certain diseases, are in the highest degree interesting.

Notwithstanding the remedial effects exerted by the tartarized antimony, in many of the affections, of common occurrence during infancy and childhood, both when administered as an emetic, and when given in small, repeated doses, with a view to its nauseating effects alone, still it was an article which, not unfrequently, produced, in infants and young children, so great and alarming a degree of depression—from which the little patient was, occasionally, with difficulty aroused, by the prompt administration of the most powerful stimulants—that many practitioners were deterred from its use, in the diseases of the earlier periods of life. Dr. Wilton has recently, in the Provincial Medical and Surgical Journal, noticed the occurrence of a fatal depression of the vital powers, resulting from the tartar emetic, when given to young children. When administered to infants, even as an emetic, its extreme depressive effects are often evinced; while, it is very certain, that its continued use is with still more difficulty tolerated, in the cases of young children. When ad-

ministered in this manner, even when no undue depression ensues, it is liable to produce a degree of irritation of the stomach and bowels scarcely less dangerous than the disease, for the removal of which it was resorted to. According to a recent authority, on the Pathology and Therapeutics of Children, (the work of Rilliet and Barthez,) which, from its high character, is calculated to produce a wide and lasting influence on medical opinions and practice;—one of the most common causes of acute gastritis in children, is the use of the tartar emetic potion, repeated during several successive days. Pustular inflammation of the gastro-intestinal mucous membrane, according to the same authority, always coincided, in the cases referred to by the authors, with the administration of tartar emetic. Similar deleterious effects, produced by tartarized antimony, upon the stomach and bowels of children, have been noticed by one or more of the recent medical writers of Great Britain—and we know that instances have occurred, in our own country, of obstinate, and even fatal bowel complaints, produced in children, by the incautious or too prolonged use of Coxe's Hive Syrup, resulting, no doubt, from the tartarized antimony which enters into its composition.

The Doctor confessed, that, notwithstanding his knowledge of the bad effects which occasionally result from the employment of tartarized antimony in the diseases of young children, he is still in the habit of employing it in certain of their affections. He knows not, indeed, how he should be able to treat a case of croup without it. There is one form of croupal disease, which he believes to be rather of a spasmodic than inflammatory character, in which the paroxysm occurs suddenly—generally during the night—and marked by such extreme violence, that death by suffocation appears every moment to be imminent, in which he has generally found a full dose of tartarized antimony, in combination with calomel, to act as a charm—removing, by its operation, all the more alarming symptoms of the attack, almost as suddenly as they occurred. Here he knows of no remedy that is calculated to produce the same prompt and striking effects.

In those diseases, however, in the control of which the continued influence of the tartarized antimony is demanded—when they occur in young children, he would certainly hesitate before he resorted to its use—and he has long desired, for the treatment of such cases, to be possessed, if possible, of some remedy having the same curative powers as the tartarized antimony, but without its deleterious effects. If the effects of the turpeth mineral should be found, upon a more extended trial, to correspond, in any good degree, with those ascribed to it in the communication of Dr. Hubbard, read this evening, it must certainly be hailed as a valuable substitute for the tartarized antimony in the treatment of many of the affections of infancy and childhood.

Dr. Warrington inquired of Dr. Condie what dose he would think it prudent to give to a child three years old in a bad case of croup.

Dr. Condie replied that in a very violent case, he would not hesitate to give a fourth of a grain of tartar emetic, in combination with five or six grains of calomel.

Dr. Morris agreed with Dr. Bell in his views of the pathology of croup. He had never seen a case of spasmodic croup in his life, although he had seen spasmodic affections of the larynx that have been mistaken for croup.

One reason why he believes those cases of croup, deemed by many to be spasmodic, to be inflammatory, is that, according to his observation, all such cases, if they go on unchecked, terminate in well marked catarrhal fever; thus showing the extension of the inflammation from the throat into the trachea and bronchial tubes. He, therefore, prefers tartar emetic to all other emetics because it possesses such powerful antiphlogistic properties.

He nevertheless deprecates its use incautiously by parents and others, without the supervision of the physician. He has seen fatal cases where it has been thus employed. The common practice of giving Coxe's Hive Syrup in croup, in repeated doses and long continued, as is often done, is certainly dangerous, and is sometimes fatal. On this account, Dr. Morris deems it desirable to have a substitute for this powerful article, when it has been pushed as far as the safety of the patient will admit of.

Dr. Jackson preferred tartar emetic to all other emetics in croup, on the very ground on which some were disposed to reject it. In this disease we want prostration, in order to break down the inflammation of parts so important to life, and so far removed from the influence of the general circulation as those in which the disease is seated.

Dr. J. had seen a great deal of croup, during a practice of many years at Northumberland, and had never seen any bad effects following the use of tartar emetic. Of course, during its use, the physician should carefully watch its effects, and, if necessary, should remain with his patient during its operation. Under these restrictions, it is certainly a safe, as well as a most efficient remedy.

Dr. Evans would call the attention of the Fellows to one point in connection with the use of Coxe's Hive Syrup as a domestic remedy. It is a common thing to give this article without the advice or presence of a physician, and to continue it for a long time; thus keeping up nausea and vomiting in young children to a most injurious extent.

He believed this to be a great evil, and one which should be discountenanced by physicians. Its effects upon the brain, he was satisfied, was injurious; and he felt quite confident that several cases of hydrocephalus which had fallen under his notice were attributable to this source.

Dr. Jackson, formerly of Northumberland, presented and read The Annual Report on the Theory and Practice of Medicine, as follows:

The subject which has been again delegated to us by the College, is a retrospect of the Theory and Practice of Medicine for the last twelve months.

A writer in the Medico-Chirurgical Review, for last April, says, "that the disposition to shun hypothesis, and to fall back on diligent observation, is rapidly augmenting in this country; and we should feel at a loss at the present time to point to any dominant theory assuming an empire over the mind, as did those of Cullen, Darwin, and Brown." This the reviewer considers as matter for congratulation; and it gives us pleasure to state that it is the very sentiment we expressed and dilated upon in our report four years ago.

Within the last year, however, Dr. Willis has proposed a theory of fever, which has not failed to arrest the minds of the curious, and hence it claims our attention on the present occasion. His views are not the mere offspring of priori speculation; he has not, as Bacon says, merely landed himself on the shore of second causes, and dictated his imaginations to a credulous multitude; on the contrary, he has endeavoured to proceed inductively, and to afford his brethren a fair specimen of the Baconian philosophy. But his facts being neither many nor strong, nor at all commensurate with the *opus deducendum*, his system resembles a magnificient edifice now left unfinished for want of materials, and therefore prone to ruin and decay.

We shall present a view of his new opinions. He says, that in high temperatures, when the air is saturated with moisture, "the surrounding atmosphere cannot take up the vapour which is then presented to it by the sudoriparous glands in large quantities, with sufficient rapidity to meet the wants of the system in a state of excitement, and requiring the freest access of the most deoxydized *plasma*, to keep up life in its several constituent atoms. Fever ensues, and life is almost of necessity the forfeit." "It is comparatively easy," he continues, "to remain for a certain time in a stove-room of a temperature considerably higher than that of the body, *if the air be dry*,—but in a warm most air, of a temperature no higher than that of their bodies, they die as they do when covered by an impervious glaze; the conditions requisite to the access of oxyge-

nated *plasma*, and the removal of the deoxygenated *plasma*, are wanting, and life ceases as a matter of course."

So far Dr. Willis' theory is the same as that of Mr. Thomas Hopkins, published in the Lond. and Edinburg Phil. Magazine, for February, 1839. Mr. Hopkins says, "it is solely the quantity of invisible steam which, by its mechanical pressure on the surface of the skin and lungs, prevents the ordinary process of evaporation, and thus the said steam becomes the real malaria." Mr. Dalton had ascertained that a man, taking 53℥ of fluid per day, gives off from the lungs and skin in the same time, 27½℥; now, says Mr. H., when this steam prevents evaporation from the body, the 27½℥ of water previously thrown off remains in the body, with the heat necessary to evaporate it, and thus may cause fever and carry the temperature of the body to 112°. He supposes, then, that it is the accumulation of heat which is the direct cause of fever, and thus he reasons against the old doctrine of miasma.

His ingenious views passed, no doubt, at their full value, till Dr. Willis, learning the experiments of Fourcault, Becquerel, and Breschet, tries to prove that steam, under precisely the same circumstances, reduces the body below the temperature of health; that a precipitation of this steam robs it still further of heat; and that the very fever is produced by this abstraction of heat, which Mr. Hopkins thought was the direct effect of an accumulation thereof. The modus operandi, therefore, of a vapourous atmosphere is this:—the body, encased in a deoxydized *plasma* of steam, sinks in temperature, according to the experiments of Fourcault, etc., and the dew-point in those regions of deleterious vapour, raised to 80° or 90°, is seldom more than 5°, and often not more than 1°, below the temperature of the ambient air; hence, when the thermometer sinks even one degree, there is a sudden and copious precipitation, which rapidly abstracts heat from the body, already reduced in temperature by previous deoxydizement; hence it is in the very condition of one debilitated by labour and sweating.

Thus Dr. W. supposes that he has discovered the cause of intermittent fevers, and exorcised for ever all our spectres and imaginations of miasma. "I am bound to say," he continues, "that I entirely concur with those who deny the existence of any specific contagion, the product of vegetable matter in a state of decay, under the influence of heat and moisture." What follows is truly remarkable, as he would seem, therefrom, to suppose that chemistry and physiology had attained their absolute perfection. "As chemists," he says, "we are perfectly familiar with the products of vegetable substances under such circumstances, and as physiologists, with the effects of the gases on the animal economy, which certainly bear no resemblance to the phenomena of intermittent and remittent fever. According to my ideas, marsh miasma is nothing more nor less than moist warm air—air excessively moist con-

sidered in connection with its own temperature and with the temperature of the body." And further, he says, "that with the view that has just been given of the functions of the skin, all that was mysterious in the doctrines of malaria disappears, or merges into what is perfectly natural and comprehensible."

Dr. W. then dazzles his reader's mental vision with a parade of facts to show the necessity of a free perspiration. Dr. Daniell had informed him that, by directing all his attention to the state of the skin, he had been eminently successful in the treatment of the African remittent; and hence he looks with much solicitude for the doctor's return, and for the appearance of his book. Dr. Daniell says, moreover, "I have stated the proximate cause of most African fevers to depend on an impaired condition of the vital functions of the skin." But it is not the proximate cause Dr. W. is treating of, but what is at once both the remote and the formal cause; that cause, without which the fever cannot exist in its present form; without which it might have been a catarrh or pneumonia. So far, then, Dr. W. has afforded but two facts: 1. When the hot atmosphere is charged with humidity, it will not dissolve and carry off the perspiration; 2. That the body, when surrounded by a damp vapour of 80° or 90°, the dew-point being very high, sinks below its healthy temperature, and cannot safely tolerate any precipitation of dew, which would abstract from the vital heat, already too low.

Then the Doctor says, further, that a frog having pinched his foot, an inflammation was produced, precisely as it is in the human body—by taking cold. "The local injury impresses the percipient centres *in a way* which incapacitates them, &c." Now, here is the unfortunate end of all this reasoning, by which Dr. W. thought to go further than is conceded to man. The local injury, he says, impresses *in a way*; so his reduction of temperature in a region of steam impresses *in a way*, but why that way should lead to intermittent fever, rather than to any one of a hundred other diseases, is left unexplained; and he has to acknowledge himself, "far from maintaining that the means thus far indicated are the only means that would be indicated in every case of febrile disease." But miasma is blown clear off the earth, because chemistry has not detected it, nor physiology explained its effects; he ought to have added that the coldness resulting from his *plasma* produces its peculiar fever *by a way*, by *a physiological necessity*, which he could not comprehend. Thus, Dr. Cullen acknowledges that "it will still remain a question, what is the cause of his spasm, whether it be produced by the remote cause of fever, or whether it be a part of the *vis medicatrix*." Here is the deficient link in Dr. Cullen's chain; and Dr. W. fails only because he cannot explain why his *plasma* shall sometimes produce one disease and sometimes another. He quotes, I know not why, the story of Alexander and the river Oxus,

for he does not pretend that the soldiers died of a remittent fever. It would be hard to show that Alexander suffered this disease in the Cydnus, or that a man dies therefrom when he drinks cold water at his pump. Mr. Hopkins' theory explains clearly the modus operandi of steam in the *Black Hole* of Calcutta, where, in a single night's confinement, of one hundred and forty-six healthy men, only twenty-three survived; it shows, too, how the negroes perish in the middle passage, but it no more proves that the English and the negroes died of malignant fever, than it does that Alexander's soldiers, being reduced in temperature by labour and sweat, as he says was the fact with Dr. Davy's palanquin bearers, suffered this disease in the Oxus.

It would be tedious, on the present occasion, to refute Dr. Willis and Mr. Hopkins, but we shall state a few facts which would seem to have been overlooked in the ecstasy of theory.

I. Millions of mankind have been afflicted by intermittent fevers when this deoxydized *plasma* did not exist in a greater degree than it must do in some of the healthiest regions. Suppose that air is both hot and moist on the margin of rivers, and that here the fever is found in its greatest violence, this does not account for the same fever on surrounding mountains, where the deoxydized *plasma* cannot exist. The beds of rivers and marshy grounds, which are totally dried up in summer, are more productive of fever than when covered by more or less water in the summers of other years.

II. Dr. W. can hardly contend that humidity is carried many miles by the winds; that it steals up ravines in the mountains, and particular streets in cities, and even to one side of the street only. After the British had felled all the trees on the *Neck* south of Philadelphia, and the morass was therefore exposed to the sun, a prevalence of Southern winds filled this City with remittent fever. So, after the *Campagna di Roma* had been drained by Augustus, and again by Pius VI., a prevalence of South winds still brought death and desolation from the marshes at the mouth of the Tiber. Surely it cannot be contended that in either of these cases the wind brought sufficient humidity with it to shut out oxygen. Vapour mounts high in the atmosphere when subjected to hot winds, but the deleterious miasma creeps along the ground. The greater part of the Campagna is improperly called a marsh; it is dry land, even in Spring, and the remainder is fairly dried up by the early Summer, long before sickness approaches: yet, when the reapers go down from the hills into the arid region, many of them perish, and few return without an ague or visceral obstruction for a Winter companion. In the most flourishing periods of the city, when the Campagna was covered with villas, it was a sickly region, and so was parts of the city itself. Horace, in the 7th Epistle of Book I., excuses himself to Mæcenas, for having spent the whole month of August at his mountain villa, for the sake of preserving his health,

when every father and mother, he says, is turning pale with fear for their children; nor will he leave the high lands till winter shall have covered the Alban country with snow. Now all this sickness, so much dreaded, came from near Ostia, stealing along the ground under the influence of Southern winds; or it must be conceded that it sprang up from the soil of the Campagna, which Livy calls dry and pestilential. If the morbific agent be vapour, how comes it to be particularly rife on the surface of dry ground, as taught by the experience of the labourers in Italy, who say there is the least danger in the erect posture.

III. How is it that a marsh, now dried up in summer and become pestilential, may be rendered healthful by covering it with even a thin sheet of water; and that, when the water is removed, the ground shall again become pestilential? You answer, there is water under the soil. This has been; but the soil with water beneath, will not afford as much vapour as when the sun acts immediately on the water. Even in the open ocean, which is always free from this fever, there is a dense vapour. This is proved by the meteorological tables of Dr. M'Williams; see London Athæneum, for September, 1844.

IV. How does Dr. Willis' theory account for the fact, that persons in health shall come from a perfectly salubrious district into a miasmatic region, after the heats of summer shall have passed away, and then contract an intermittent fever? There is no excess of vapour—no deoxydized *plasma*.

V. How comes it that ships cruise along the coast of Africa and remain healthy the whole year, and that if the same ships pass up the rivers, where the vapour has been proved by Dr. M'Williams to be less dense, the sailors immediately sicken and almost certainly die, if they remain only a few days?

VI. The effects of this *plasma* ought to be perceived quickly in general depression;—how comes it, then, in temperate climates, at least, that patients will be exposed continually to this deoxydized *plasma* for months, and yet continue in perfect health and vigour, both of body and mind, till perhaps a lumbago warns them that a chill is approaching? They will often not be attacked till winter or even spring: here the miasma is latent, like the poison of other fevers, particularly hydrophobia.

VII. The human body is often so accustomed to miasma that it cannot be sensibly affected;—can a similar assuetude ever be obtained with respect to a want of oxygen? A strong constitution may, like the Pontic king, be hardened against poison—this is a philosophical fact—but that any one can live in a deoxygenated atmosphere without suffering, is a dream for some modern *scholasticos*. It may easily be conceived that the natives of the Niger may have become hardened against miasma, but not against the want of breath. The reviewer, however, of Dr. M'Williams, in the London

Athæneum, for July, 1843, thinks that because 147 negroes totally escaped disease, when 130 white men suffered, there was no miasma—nothing deadly but heat and humidity. "In short," he says, "we explode the doctrine of miasma altogether." But this reasoning presupposes what is hardly the fact, that the negro can live with less oxygen than the white man. The reviewer, too, is stopped short by the fact, that these very negroes acquire, by a short absence from their native air, a susceptibility to the disease, without losing any part of that blackness which the reviewer considers to be, in some marvelous way, their safety.

IX. A notable opposition might be made to the new theory from analogy. Remittent and intermittent fever have one cause; but for yellow fever and typhus, a modified cause is wanted, and yet the *plasma* is always the same.

Dr. W. insists strongly on the fact that chemistry is unable to detect miasma: "as chemists," he says, "we are perfectly familiar with the products of vegetable decomposition." Alas for such reasoning. Electricity and magnetism, when first discovered, were mere influences undiscernible; they are now proved to be substances, one being made evident to the senses, and the other being imparted by one body to another. So miasma, which is at present known only through its effects, may in the lapse of years be fully ascertained and examined. It is not, like attraction, a property of all matter—it is an accident of matter, and time may reveal the mystery.

Though it is certain that vegetable putrefaction does not always produce this fever, yet it seems equally certain that without it, the fever is never known. The first eight years that the present writer passed at Northumberland, not one case of intermittent was seen which had been contracted within many miles, though the villages and hamlets were involved in dense fogs nearly every morning of August and September; then, without any change with respect to heat, water, and vegetable putrefaction, the disease burst upon us like a pestilence. Miasma may be some mysterious principle, similar to *presence* in chemistry—a property of no single body, but a product of the approximation of two or more. This is similar to the fact, that different bodies of healthy troops, coming suddenly together, often generate disease.

Enough has now been done by the *magnates* in medicine, to show that a theory of fever, exhibiting the remote, predisposing, exciting, and proximate causes, is, and ever will be, unattainable. This, Dr. Rush perceived when in his third edition, he changed the title, Theory of Fever for Outlines of the Phenomena of Fever, a title which his essay does not unjustly merit. Dr. Bartlet defines theory, "an attempted exhibition of phenomena and relations, through the intervention of assumed and unascertained phenomena

and relations." If this be a just definition, it shows that theory is in direct opposition to the whole system of modern philosophy.

Within the last year, this eminent author has published a work which he calls the "Philosophy of Medicine," a book which has been highly commended both in England and America, and therefore it has claims to our notice on the present occasion. Whoever would have a vivid panorama of the futility, the presumption, and the mischievous tendency of hasty and impetuous generalization, may consult it with pleasure, and not without profit; and whoever would pursue, with certainty, the labarinthine mazes of science, will find this book the very thread of Ariadne.

The next subject which our appointment calls us to notice, is the Practice of Medicine. The publications in this department have been particularly numerous the last year, but the subjects which are now principally agitated, are--remittent and typhous fevers, lithiasis, albuminuria, hæmospasia, the probable discovery of the cause and nature of black vomit, by Dr. Nott, the erysipelas of the western states, the "Philosophy of Medicine," by Dr. Bartlet. To treat all these subjects, or even to give a general review, is not possible within our necessary limits, we shall therefore confine our observations to what must always be considered as the most interesting portion of medical science—the practice in idiopathic or essential fevers. These destroy more of the human family than all other diseases combined, and hence the intense interest they have always excited. They may all be arranged under the heads of koino and idio-miasmatic, on either of which the profession has lately been favored with publications, both interesting and instructive.

In the American Jour. Med. Sci., new series, Vol. VI., there is a report on malignant intermittent, by Dr. Parry, of Indiana, and in Vol. VII., there is one by Dr. Wharton, of Mississippi. The trite maxim of the wise king, that there is nothing new under the sun, is even here verified, for there is nothing novel, either in the history or practice, as detailed in these papers. They are nevertheless deeply interesting, as they show that the disease is the same in whatever age or quarter of the globe it may be found, and that the same remedies are still triumphant. These papers are yet further useful, as they must have the effect of turning the attention of Southern physicians to a disease that will probably continue to afflict them, and to turn over by day and by night, the volumes of their medical grandfathers, where they will find it described with all the symptoms which they have related as novelties in the history of fever. Refer only to the writings of Senac and Alibert—there may be found the same disease, with all the symptoms, the same methods and general principles of cure, which have lately proved true to nature on the Mississippi and Ohio. This congruity is one of the most cheering facts in the history of medicine, as it enables the learned physician to go forth in the light of science, to encounter

what others, in their darkness, would call novelties and mysteries. The principles of a just observation are, probably, more thoroughly impressed on the mind of reading physicians, than mankind are ready to believe; there is a certain *anima medica* imbibed from the atmosphere of the university and from medical books, which, like the virtues of a good man, is latent till opportunity call it into action —it is like oil in the virgin's lamp, ready to afford light when the bridegroom cometh.

Experience, however, cannot be transferred without some perversion and detriment, hence the application of principles derived from books to any violent epidemic, will always be attended by some danger at the beginning. Thus, Sydenham confesses, that he always lost some patients at the onset of an epidemic; thus, too, in the yellow fever of '93, the learned physicians of this city failed in applying the principles with which their minds were well imbued; and thus also did our physicians of 1820, fail in the application of the principles finally developed in '93. But abilities and science prevailed in both instances; Rush discovered from an old manuscript, the true method of treatment, and a skilful modification of this, has succeeded in every epidemic since that time.

How far our Western physicians are indebted to the European, they have not informed us, which must be considered as a very serious omission. Learned quotation, is not only an imperative debt to those from whom we derive our knowledge, but it delights every reader, by bringing into view his old friends and instructors—it gratifies his harmless vanity, by affording a pleasing proof of mutual learning, or if he be ignorant, it shows him where the deficient knowledge may be found. To sit down with an author who brings no one into notice but himself, is like spending an evening with a solitary stranger, after hoping to enjoy the sparkling collision of a full fireside of old acquaintances and friends.

Malignant intermittents have been known since the days of Hippocrates, but it is not necessary for the purposes of sound instruction, to go further back than to Senac and Alibert, two authors whom Dr. Rush used to urge upon his class, with the greatest zeal. These illustrious men with their abundant quotations, afford most satisfactory histories of the disease, and we believe there is not one prominent symptom to be found in the American papers, to which there is not its counterpart in those eminent writers. Their methods of cure too, are substantially the same, so that even the inexperienced physician ought not to go forth either unprepared or dismayed. Like Sydenham, he may lose a few patients in the beginning, but, like Peter the Great, his enemy will teach him to conquer.

Cases of malignant intermittent are often found during severe epidemic summers, on the banks of Pennsylvania rivers. Dr. Ford, in the Southern Med. Journal, of this year, says: "it is a sad mistake to suppose that it exists only in such pestiferous regions as

Africa and the Pontine marshes." To the truth of this proposition, I am sorry to bear an especial testimony, from long experience. The disease I saw did not differ in its history or method of cure from that detailed by the Western physicians, except in this particular—it attacked children;—whereas, Dr. Wharton says, that "children under ten years, are comparatively free;" and Dr. Parry relates that children are rarely affected by it, and that he never saw it in a person under twenty years. But when children are prostrated by a cold fit with convulsions, requiring constant heat and every external stimulant to preserve life, and when this is repeated at the same hour on the second or third day, and when this disease is certainly cured by quinine, as soon as an opportunity of giving it be fairly attained, and when the patient is certainly carried off by the second or third attack, when quinine cannot be given—what is this but malignant intermittent? particularly as it has arisen from the same cause. In my practice, the disease principally occurred, whether in adults or children, among the new comers from Ireland, who worked at the canal, laboring and sleeping on the low banks of the Susquehanna.

There is one observation by Dr. Wharton, which is particularly worthy of being well considered, that the name *congestive fever* is manifestly inappropriate. To this we heartily subscribe, but not for the reason he renders—that sometimes there are none of the characters of fever present. If the word fever implicated the presence of heat, this objection would fairly lie, but it is used to *indicate* a state of the system, not to *define* the disease. We have long been at vehement enmity with this phrase, *congestive fever;* it defines nothing, it affords no precise imformation; the fever may be from *idio* or from *koino-miasma*, it may be scarlatina or measles. On the use of this phrase, as applied to the malignant intermittent of the West, there is an interesting paper in the American Journal of Med. Science, for last April, by a Fellow of this college, who objects to it for the following reasons, if we do not misunderstand him. 1. It leads to error in pathology, no dissections having shown congestion. 2. It leads to error in the treatment, physicians having poured out blood in proportion to the supposed degree of congestion. 3. All the symptoms are more physiologically explained by other theories. 4. The term has become associated with great danger, and therefore it may be used according to the probable event of the case—to excuse misfortune in the treatment, or to magnify a cure. He proposes, then, to substitute the word *adynamic*, as expressive of "the nervous prostration that attends these fevers." But this term was applied by Pinel, to typhous fever, and lately by Burne, to the same; and Alibert merely applies it to a *state* of malignant intermittents. It expresses, moreover, merely a symptom, which is common to many fevers. The phrase *malignant intermittent*, is dis-

criminative, it has long been used, and it indicates, at once, the origin of the fever.

For the unlucky denominative, let us recommend that of *congested state* of fever, by which we should not only avoid the error so justly deplored by the author, but we should have a precise word, expressive of the true pathology of any fever to which it might be correctly applied; thus Burne speaks of the *congested state* of the adynamic fever. If it be objected that this term may be abused like the former, let it be answered, there is hardly any name that is not liable to some misuse. If it lead to mal-treatment, it is not that too much learning has made the physician mad, but that he has indulged a perversion of that learning, which is necessary to the appropriate treatment. It is not possible to accommodate human terminology to one who resolutely bleeds his patient too much in apoplexy or palsy, merely because he is told there is a congested state of the brain.

It is regretted by the author, that the Western physicians have not produced a single dissection; this deficiency, however, is in part supplied by Europeans, who have shown that congestion of some vital organ does often obtain. If it be objected that these congestions are formed in the dying state, it may be replied, that in the last days of pregnancy, there is a congestion of the womb, and hence there is often a great flow, without seriously affecting the system; that something similar happens in fevers, where hemorrhages often break forth and sometimes relieve the patient, though a tenth of this blood, drawn from the arm, would prove suddenly mortal. The author reasons against congestion, because the Philadelphia fever, of 1813, was most safely cured by sudorific stimulants: but it must not be forgotten that this was the typhous fever of New England, greatly mitigated in its travels to the South. If blood-letting with advantage be any proof of congestion, many authorities might be adduced. Read the labors and sorrows of Dr. James Johnson, on the treatment of this fever, and then exult with him in the discovery that blood-letting is an invaluable remedy. "It was," says he, "with a trembling arm and a palpitating heart that I first opened a vein;" and this was after having examined a corpse in which the brain and liver were engorged with blood. Dr. Cartwright, a great practitioner, says: "in many cases the patient faints on the loss of a few ounces; the system, however, in a short time, re-acts violently, and here the timid are apt to lay aside the lancet, at a time when it is most needed."—Med. Rec., VII., 672. This is precisely in accordance with the practise of Sydenham and Rush. The latter relates that he and Dr. Physic in consultation, bled with success in malignant fevers, when the patient was cold, with a low pulse; and Sydenham bled largely in the profuse sweats of the same disease. Dr. Lucas, too, of Alabama, relates, (Amer. Jour. Med. Sci., Vol. I.,) that he used general blood-letting with

great advantage, in malignant intermittents. In fact, what has been called *congestive irritation* is a very common form of disease, and Professor Jackson has published some very striking cases in the Phil. Journal, Vol. XIII. That it often occurs in typhus and scarlatina, Dr. Armstrong is a powerful witness.

This malignant intermittent is a disease of the highest interest to the whole profession. It is calculated to teach them much that is useful, as the congestive state of the system is common in some degree to fevers in every region. It would teach us to use calomel in much larger and less frequent doses, by which the powers of the medicine would be more fully obtained, with less danger to the teeth and jaws. It would teach us a little diffidence in declaiming against the Southern physicians—bringing to our recollection the modest apology of Baglivi: *Romæ vivo et in aere Romano.* They live in the marshes of the South, in a marshy air; and no doubt they save many lives which would be lost in our more timid hands.

We shall now glance at the treatment of the other class of fevers, the idiomiasmatic; and here we are sorry to pronounce it doubtful whether any sure progress has been lately made. Dr. Bartlet represents that the great interest this disease has excited, and the numerous experiments which have been made, many of them on a large scale and under the most favourable circumstances, have not terminated in any very satisfactory method.—p. 146. "Fevers," says Dr. Lind, "being of all diseases the most destructive to mankind, it is to be wished that such a specific could be found for the continued, as bark is for the intermittent." Let us add, that till this discovery be made, the treatment will never be satisfactory. That of inflammatory fevers is pretty well ascertained, but in typhus, there is something mortiferous independent of inflammation, and for this something, Dr. Lind's specific is the desideratum; for whoever has contemplated a patient, particularly a negro, in the colliquation of a typhous fever, will see that he sinks under something that does not appear in any other fever. For this, there is nothing proposed as radical; we combat symptoms, but not the disease; we bleed and evacuate in the beginning and give tonics near the close, while all-powerful nature is hardly turned aside from her deadly course by laxatives, nitre, little blisters, dry cups, sponging, acids and diluents. We have seen no author except Dr. Miner, who pretends to take the disease into his own hands. He talks of "breaking up the fever" by mercury, and even supposes that hardly any case can be lost wherein this medicine has been fairly tried. This method has not been received, and Dr. Hosack declaims against it with indecent vehemence. In France, where so much has been written the last twenty years, there has been no little distraction and tergiversation, as one or another theory prevailed; and hence the Gazette Médicale, of August, 1844, says, "In the

treatment of our fevers, we have daily occasion to witness the pernicious effects of an irrational practice."

The theory of M. Louis, that there is a *typhus* and a *typhoid* fever, we are glad to relate, is now questioned by several authors. In our last report, we ventured to maintain that these are one fever in cause, essence, general symptoms, and general effects; that as scarlatina sometimes spends its violence on the throat, sometimes on the skin, often on the brain—so typhus spends itself on the brain, the lungs, the crasis of the blood, on Peyer's glands; while in the spotted fever of New England, it often fixed on the joints, like rheumatism. Dr. Bartlet loses nearly all his force when he acknowledges that the report of M. Landousy "throws some doubt on the subject." And what was this report? One hundred and thirty-eight persons, in the prison of Rheims, had, to all human eyes, the typhus of Louis; no *taches rosées*, but petechiæ and vibices, and all its other supposed peculiarities; and yet, in the six who alone were examined, behold, the follicles are ulcerated. On the other hand, Dr. Lombard, of Geneva, examined one body at Glasgow and two in Dublin, confident, from what he had seen of their symptoms before death, that he would find the follicular lesions; but—he found none. *Quis temperet a lachrymis?* Dr. Bartlet, however, is not one of those who cannot jump over a straw, notwithstanding the severity of his "Philosophy of Medicine;" and, therefore, he supposes that at Rheims the contagions of the two diseases were mixed, so as to produce a hybrid fever, or a new species. This supposition is fully illustrated by Dr. Smith, in his "Philosophy of Epidemics," where, by the rules of chemical nomenclature, he makes eight species of fever:—koinomiasmatic and idiomiasmatic, protokoinomiasmatic and protidiomiasmatic, perkoinomiasmatic and peridiomiasmatic, protidiokoinomiasmatic and peridiokoinomiasmatic. Well might some modern Horace exclaim, that a new cohort of fevers had fallen on the earth.

Professor Dickson disclaims the doctrine of Louis altogether, and M. Grissole, to make all things in France *teretes atque rotundæ*, now maintains that their typhus and typhoid are one disease, but that there is a typhus fever in England and America which is altogether another disease. But Louis founded his distinction in France and in French fevers, which fact M. Grissole would seem to forget. In England they certainly have both; but when Southwood Smith, and Burne, in their admirable treatises, relate their necroscopics, they found ulcers in the ileum without regard to this unfortunate word,—*oides*.

In the treatment of this fever, we have stated above that very little sure progress has been lately made. Dr. Bartlet says, "there is no disease of equal frequency, the treatment of which is so unsettled;" and this may be considered a just report to the present time. Even Louis' treatment of his typhoid consists in bleeding,

evacuations, and tonics, *pro re nata*, from which he honestly represents his success as very limited. One thing which he says is very remarkable, that "bleeding after the fifteenth day retards rather than hastens recovery;" but the patient may yet be bled, "if delirium be suddenly aggravated." Let us excuse him in the language of Baglivi—*Parisiis vivit Ludovicus.* Chomel's method is, to bleed and purge in the beginning, and to give tonics largely towards the end, leaving all the rest of the business to nature; and this treatment, he says, is more successful than any other. Bouillaud boasts of bleeding; Larroque depends on pukes and purges. Dr. Bartlet's own plan is professedly eclectic—a mild antiphlogistic course at first, with emeto-cathartics if not contra-indicated; then "a mild alterative and rational plan, meeting particular symptoms with such remedies as experience has shown to be most suitable." From this, it appears how little his volume of 393 pages has done towards the cure.

Thus we might give outlines of the treatment of many eminent physicians, from which our position would be maintained—that we combat symptoms, but not the disease; that, like Mithridates' soldiers, we throw darts at the moonlight shadows of the enemy. The business of the physician in this fever, they say, is to save the system while nature runs her prescribed and necessary course. This is a doleful doctrine, which must sound in the sick man's ears like the old tune, "*Hark, from the tombs.*" A full blown case of smallpox will always run a definite time; but who ever heard of a typhus always ending on a certain day?

Meanwhile, some effort has been made to strike directly at those internal inflammations upon which the principal danger depends, by calomel, tartar emetic, and blood-letting. Drs. Lombard and Faucçonnet of Geneva, who have lately contributed some papers to the French Medical Gazette, commend calomel strongly. We presume they use it so as to obtain its specific effect as quickly as possible, as they say there is always a decided amelioration when the gums have been slightly affected. The Medico-Chirurgical Review, from which this is taken, says, "the observations of these gentlemen accord with the experience of most physicians in England;" and he speaks of 4 to 8 grains, every 6, 8, or 12 hours.—Vol. 40, p. 234.

Dr. James Jackson bleeds freely and uses calomel *efficiently*,—by which he means till the mouth is sore,—and with good success, if we do not misunderstand him; but his relations are so involved in the darknesses of the numerical system, that no correct estimate can be formed. This system gives the number of patients, but not their peculiarities, as it respects age, constitution, gravity of the disease, and various accidentals. He says, among those who entered the first week, 18 used mercury efficiently, and of these, 3 died; 14 of the 18 had sore mouths, and 2 died. Nothing is said of the comparative gravity of the disease; they all entered the first

week of the fever, but whether the two sore mouths who died entered the first day of this week or the seventh, it would have been worth while to notice, as he says, further on, that a day is important. If one day is important, what can be said of seven, when the danger rises from day to day in a geometrical ratio?

In the London Lancet, for November, 1844, there is a paper by Joseph Burgess, Esq., on calomel, with cold affusion, in typhus. He says, that in the advanced stages, calomel in large doses acts as a sedative, alterative, and absorbent; it induces sound, calm sleep, "during which the ganglionic, absorbent, and glandular systems are silently invaded by its alterative energy; the intestines become filled with secretions ready to be removed by any mild cathartic." The cold affusion is to be used daily, by throwing over the patient, in a sitting posture, a bucket of cold water, during the acme of the febrile paroxysm. It is not said what is to be understood by a large dose.

The Gazette Médicale, for August, 1844, says, there is in typhus a derangement of the stomach and bowels, and we have remedies exactly suited to these symptoms—the emeto-cathartics, which act almost like magic in the first stage of such fevers. Not only does the pyrexia usually subside after these evacuations, but all the symptoms of congestion and irritation are more or less relieved. So far well, in robust cases: but he goes on to recommend them late in the disease. "In the more advanced stages," he says, "when the patients have fallen into an adynamic state, we must be more reserved in the use of these remedies. Such cases require stimulants before we can recur to the heroic remedy; but as soon as the strength is restored, we should not delay, but resort at once to an emeto-cathartic." Alas! a purging emetic in the advanced stage of typhous fever, when the strength must be supported by stimulants! O, memorable shade of Broussais, where is thy *gastro-entérite?* do thy countrymen no longer frown when their stomachs are pressed? are gum-water and expectation forgotten in France?

Dr. Armstrong has surely written on this disease better than any other, and his treatment is well known to depend upon bleeding and calomel. Whoever, then, will take a survey of most that has been written, from Huxham to the present time, will find that these remedies have gained decidedly on the collective profession. Tartar emetic, too, has come into use with physicians of the highest authority, even in France. All this tends to show that the disease bears depletion better than in former years—a fact that merits the most patient consideration; for what hope is there from tonics and stimulants in the last stage, if inflammation is preying on the vitals?

It is rather surprising that we make no especial attempts to prevent the fatal tendency of the follicular inflammation, when we seem to know it is impending, and that there is danger of the ulcers penetrating the bowels. All the old fashioned physicians know well the de-

lightful effects of calomel in suddenly arresting inflammation which is not very intense; and every one knows that in dysentery, the least mercurial disease, carries off this malady like a charm. If it has been found eminently useful in typhoid fever, it was, perhaps, partly by *curing the intestinal lesion;* but no writer has thus regarded its efficacy. If a little inflammation in the iris, or the ligament of the ankle, can be quickly reached by mercury, much more quickly will the same disease be arrested in the brain or the bowels. It is true, the fever will resist it, and this shows the necessity of beginning early.

As the great alterative, mercury, has been partly superseded in general practice by iodine, so, in typhus, its powers have been experienced. Dr. Morrison, physician to the Newry Fever Hospital, has used hydriodate of potash with great success, in what he calls the cachectic state of the disease—that is, when the tongue is dry, glazed, and brown; the mouth filled with dark sordes; the discharges from the bowels and kidneys are dark and fœtid; there is great debility, with petechiæ and vibices. He says, "all the secretions are greatly improved by it; the whole frame seems to recover vigour." The dose is 3 grains every 4 or 5 hours. Now, it must occur to every reader, that if this medicine is so very efficacious when begun in the cachectic state, why should it not be equally potent in preventing this state? and, moreover, could it not be given in larger doses? It surely merits the immediate attention of the whole profession.

I will here mention a practice which I have found very beneficial in what Dr. Morrison calls the cachectic state of typhus, as also in the same state of dysentery and remitting fever: the spirits of turpentine, in doses of half an ounce every two hours, well shaken with mucilage of gum Arabic. In all these diseases, there is generally some inflammation in the first passages, while, in the dysentery and *typhoid fever, there are often ulcers, also, to which the turpentine may be a useful application.* Its singular efficacy in the low stage of puerperal fever, first directed our attention to it in these diseases of passive inflammation.

In typhus, with slow hemorrhage from the bowels, I have often used it with great satisfaction, and its acknowledged utility in melæna, shows the propriety of the practice. In the perturbations of an anxious profession, something will always escape us; hence it never came into mind till this moment, that fomentations of the abdomen, by this medicine, might be useful in the follicular inflammation, as in that of puerperal fever, of feeble re-action. Blisters have been found useful excitants and revellents in this disease; we have found them highly beneficial in cases attended by hemorrhagic diarrhœa —would they not, if frequently applied to the abdomen, derive inflammation from the follicles, particularly if preceded by cups? The mortality of this lesion surely requires a specific interference; we

propose, then, calomel, or hydriodate of potash, as used by Mr. Morrison; sp. terebinthinæ; cups and frequent blisters to the abdomen.

We shall conclude our paper, by reporting, for the animadversion of the College, a certain morbid opinion or theory, sometimes too freely expressed by physicians, and too well calculated to derogate from the honor and utility of medicine. It is, that *the physician is the mere servant of nature, which cures nearly all diseases.* This, we believe, is the prevailing and most injurious error of the present time, one which the people, the *idiotai*, as Hippocrates calls them, are too ready to cherish to their own detriment. An argument is founded on the fact that the physician is obliged to avail himself of all the natural functions, without whose subserviency, he can effect nothing. True, if the blood do not circulate he cannot bleed; if there is no peristaltic motion, he cannot purge. As well might they derogate from the value of the artist, who, without marble, cannot make a statue.

> A form to rugged stone, when Phidias gives,
> Beneath his touch a new creation lives;
> Remove his marble, and his genius dies.

So also with the physician,—if there is no life, his art ceases. But to direct the living functions so as to prevent disease, recover lost health, and attain longevity, is all that medicine contemplates, and this is what unassisted nature seldom does, in the best and safest manner; particularly as the word NATURE includes, not only the physical necessities of the body, but also the blind mental operations of the patient, and of the many who are injuriously interfering in his case. Your friend is ill, nature is doing for him precisely what she cannot help; it may be good, or it may be evil, the best or the worst; but there are other natures beside his own, and his sick body has not only to contend with its own nature, but with the obtruded natures of all his friends. Thus, the new-born child is no sooner consigned to his mother's arms, than the preservative art of Medicine is needed; for then all the busy *natures* in the house begin to inquire, whether they shall surfeit the stranger with sugar or molasses, pap or panada.

This nature has been used in the world under various imposing names. With Van Helmont, it was an *Archeus*, with Stahl an *Anima Medica*, Cullen thought it a *Vis Medicatrix*, and many, from Hippocrates to the seventeenth century, dignified it by the name of *Autokrateia*. It has even been endowed with intelligence, but at present it must be considered as the mere physiological necessity of organized matter. That must have been considered as a cruel and malicious intelligence, which could stir up such painful curative commotions as colic and dysentery.

In the whole catalogue of diseases, what does unassisted nature

effect, in her methods of cure? In yellow fever, she inflames the stomach and creates a fatal vomiting of black matter; in mild typhus, under a show of great gentleness, she insidiously involves the brain in inflammation or corrodes the bowels; in dysentery, under pretence of expelling offending matter, she ulcerates the bowels, adding intolerable pain, purging, and tenesmus; in the various choleras, it would take a longer time to describe her blind curative operations, than she requires to destroy the patient. In the ague, hough she benevolently cure one fit, she brings on another, till she nflames the stomach and bowels, swells the liver, emaciates the patient, and finally consigns him to the undertaker, whether he be a King James, a Cromwell, or a commoner: in some diseases her curative methods are tedious, always deadly, and too disgusting to be related.

But many of her operations are salutary; when there is a thorn in your flesh, she excites suppuration and throws it out. True—but she makes the same effort when she cannot throw it out. All her operations are blind, yet she cannot be still; she has no alliance with the vaunted Hippocratic expectation. *But when there is internal inflammation, she gives you timely notice by pain and fever.* True —but it was nature that excited this inflammation as a curative effort, and the pain is a necessary part of it. *She brings on syncope, and saves the life of a bleeding patient.* Neither is this a vis medicatrix, but a physical necessity. Let us see a syncope with a restrained hemorrhage, while the pulse fails not—then, indeed, you may cry out, *eurēka, eurēka.*

Dr. Sydenham has defined disease to be the confused and irregular operations of debilitated and disordered nature; and Dr. Dickson, in his late work, says, that all the tendencies of disease are towards death. This, we believe, to be strictly true, though it be in collision with one of the highest authorities, who fears "that if the invariable tendency of all forms of disease was unto death, their mortality would be greatly augmented." The tendency, however, may be to death, though death be not reached; the mortiferous action wears itself out by its own struggle, and leaves the patient alive, though often unsound. In the various grades of dysentery, the curative operations of nature may sometimes save a patient, the organism to be destroyed, being stronger than nature, the destroyer; but let me insist that I have never known a regular physician so worthless that he was not greatly to be preferred to nature, in nearly all cases, and certainly in his collective practice. In all diseases, from the prick of a thorn to the bite of a crotalus—from the mildest ephemera to the malignant plague, the regularly educated physician, however comparatively worthless, is greatly to be preferred to "the confused and irregular operations of disordered and debilitated nature." We would therefore propose to reverse the maxim, and say that *nature is the servant of the physician.* She is to be carefully ob-

served, and, like a servant, she is to be encouraged in all her laudable determinations; nay, further—like a servant, she must sometimes be tolerated, even in her errors. The human body, in sickness, has been compared to a ship in a storm: *nature* is breaking her cordage, tearing her sails, and driving her on the rocks,—the mariners repair the rents, and by a skilful use of the morbid elements of *nature*, they steer her safe from the leeward shore.

It would appear obsolete to observe that the goodness of Providence is not to be questioned, because he has left the human body without a curative *autokrateia*. To have left many of those things most necessary to the comfort of man, particularly health, to be attained only by care and labor, is one proof of Supreme wisdom; for it is not consistent, either for our present or future happiness, to live like the gods of the Epicureans, in a state of careless ease and apathetic supineness, as Lucretius says—*curâ semota metuque*.

It has long been our opinion that mankind are not duly impressed with the value of medical science. How many feeble constitutions, particularly females, need support about their fourteenth year? how many in every period of life? but it is particularly in old age that exhausted nature calls loudly for succour. You see the old man—pale, dejected, and hopeless—stumbling precipitately down the hill of life, when iron and bark and Falernian wine, would not only ensure him a slower passage, but would enable him to enjoy the autumnal landscape, and even to pluck the flowers and fruits which abundantly embower his declining path, now gilded by the milder beams of his setting sun.

Let no one despair of the virtues of medical science; it is only through our intimate acquaintance with them, that they do not appear both manifold and marvelous—witness the astonishment excited by them among the Chinese, to whom they are novelties. If Hippocrates, who, by his own account, lost nearly all his patients, and whose works appear to us so frivolous, was deeply revered for ages, what reverence is not due to that science which presides over health and life, in the nineteenth century? Let any man who is advanced in age, consider by what modes and means his numerous acquaintance have passed away; he will find that few of those who did not attain their three score years and ten, were lost through any deficiency of medical science. There are the sudden deaths and the various accidents of life, over which physicians have no control, all those diseases, hereditary and acquired, which medicine, in its present state, hardly pretends to cure; war and famine; pestilential and slow consuming atmospheres; intemperance of the various passions, which silently create diseases never confessed; those harpies in human form, the homœopaths, who prey on human weakness and leave the seeds of future death in the vitals of their victims; the self-neglect of patients themselves, who, trusting to nature, seek the physician only when their case is hopeless; let me

say again, that when an aged person considers the means and modes by which his various acquaintance have passed away, he will have very little reason to inculpate the science of medicine. On the other hand, let any physician, advanced in a life of reputable and busy practice, look back through the years of days and nights he has spent in the chamber of sickness, though he may see much that was unexpectedly unsuccessful, he will have, through the long vista of time, a most animating picture of his labors. I do not say that he shall arrogate praise to himself; on the contrary, should there be cause of reproach, it will cleave to himself or his patient—the glories of the picture will pertain to our Heavenly Science.

Dr. Ashmead stated that he had recently made some experiments in the venereal wards of the Philadelphia Hospital, to test the curative powers of the tartarized antimony, in cases of gonnorrhœa.

Four patients, affected with gonnorrhœa, were treated with tartarized antimony alone. They were placed under the use of one thirty-second of a grain, in solution, every hour—the dose being gradually increased to one-eighth of a grain, at the same intervals. The disease, in every case, rapidly disappeared, under this treatment—no one lasting more than a week, while, in one of them, it was said by a gentleman in attendance, to have terminated in forty-eight hours.

In two of the cases, the gonnorrhœa was complicated with inflamed testicle,—the only application made to which, was a simple poultice of bread and water.

The Doctor also stated that he had made some trials of the curative powers of the bromide of potass, as a substitute for the iodide of potassium. He is not as yet, however, in possession of a sufficient number of facts to draw any positive general conclusions as to the comparative efficacy of the two articles. In some cases, the bromide of potass proved certainly, decidedly beneficial, but it appeared in general, to be inferior in its efficacy, to the iodide of potassium. In one case of syphilitic rheumatism, in which the bromide failed entirely, prompt relief was obtained from the use of the iodide of potassium. In one or two cases, pains of the limbs occurred, while the patients were taking the bromide of potash. In cases of syphilitic eruption, the latter did not produce relief near so quickly as the iodide of potassium, it finally, however, succeeded, when its use was persevered in, in causing the disappearance of the eruption. The Doctor, in conclusion, remarked, that his general impression, derived from the comparative trials he had thus far made, with the two remedies, was that the bromide of potass is inferior, as a remedial agent, in the cases referred to, to the iodide of potassium, and requires to be administered in much larger doses.

Special Meeting, *October* 10*th*, 1845.

Dr. Wood in the Chair.

Present, thirty members.

It was stated that the present meeting had been convened to pay a last tribute of respect to the late Vice President of the College, Dr. Henry Neill, by attending his remains to the place of their interment.

On motion of Dr. Condie, a Committee, consisting of Drs. Wood and Bond, was appointed, to draw up resolutions, expressive of the feelings excited in the Fellows of the College, by the sudden and unexpected demise of their venerable colleague and efficient officer.

The College then adjourned, to attend, in a body, the funeral of the deceased.

SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

FROM NOVEMBER, 1845, TO MARCH, 1846, INCLUSIVE.

Stated Meeting, November 3d, 1845.

Dr. BOND, in the chair.

Present, twenty-six members.

The Committee on Publication reported that they had issued the tenth number of the Summary of the Transactions of the College.

The Committee appointed to report resolutions expressive of the sense of the College in reference to the decease of their esteemed Vice President, Dr. HENRY NEILL, presented the following:

Resolved, That the College of Physicians have heard, with deep regret, of the decease of their highly esteemed Vice President, the late Dr. HENRY NEILL.

Resolved, That they deem it due to the memory of the deceased, to express their high estimate of his moral and professional worth; the amenity of his manner; the benevolence of his heart; the uniform correctness of his deportment; the zeal and ability which he exhibited in the practice of his art; his strong sense of duty, and the sensitive conscientiousness which governed his actions in all the relations of life.

Resolved, That the sincere condolence of the College be offered to the family of the deceased in their affecting bereavement, and that a copy of these resolutions be presented to them as a token of the affectionate respect in which his memory is held by his professional brethren.

Resolved, That a Fellow of the College be appointed to prepare a Biographical Memoir of the deceased, to be read before the College at the earliest convenient opportunity.

The said resolutions were unanimously adopted, and Dr. Thomas T. Hewson was appointed to prepare the Biographical Memoir of the deceased.

The following works were presented by Dr. Bond, to the Library of the College:

Arnold on Insanity. 2 vols. in one.
Aphorisms of Hippocrates. Greek with a Latin commentary.
Astruc, Maladies Vénériennes. 4 vols.
Aphorisms of Sanctorius.
Alanson on Amputation.
Bell on Wounds.
Brown's Observations on Zoonomia.
Bell's Dissections. 2 vols.
Barton's Medical and Physical Journal. 2 vols. in one.
Cox on Insanity.
Cullen's Materia Medica. 2 vols. in one.
Cullen's Practice, with notes by Rotheram. 2 vols. in one.
Cabanis, Physique et moral de l'homme. 2 vols.
Coiter on Hydrophobia.
Copeland on the Rectum.
Chase on Radical Cure of Hernia.
Chase, Report of Philadelphia Medical Society on his plan for the radical cure of Hernia.
Dessault's Surgery.
Fife's Anatomy. 2 vols.
Hosack's Practical Nosology.
Jackson, Dr. S., Principles of Medicine.
London Pharmacopœia. 1788.
Laennec on the Chest.
Latta's Surgery. 3 vols.
Legallois on Life.
Martin on the Venereal.
Magendie's Formulary.
Magendie on Prusic Acid.
Macbride's Introduction to the Theory and Practice of Medicine. 4to.
Miller, Dr. Edward, Life and Medical writings.
Medical Review and Journal. 3 vols. in two, complete.
Medical Polemics.
Materia Medica of ——
Northcotes's Marine Practice, 1st vol.
New England Journal. 6 vols., odd.
Paris's Pharmacologia.

Pharmacopœia of St. Thomas Hospital.
Pharmacopœia Chirurgica.
Pavise, Hygiene Oculaire.
Potter on Contagion.
Physico-Medical Society of New York. Transactions of, 1st vol.
Quesnay, Traité des Fievres, continués. 2 vols.
Robertson's Medical Police. 2 vols.
Salmon's Dispensatory. 1682.
Smythson's Family Physician.
Smith's Monthly Journal. 2 vols. in one complete.
Turner on the Skin.
Tytler on Plague and Yellow Fever.
Tracts, 1 vol. containing

1. Du Prognostic dans les Maladies aques, par Le Roy.
2. Les Funestes, effets du charbon illumé, par Harmant.
3. Sur l' huile de palma christi, par P. Cauvane.
4. Sur la peste, par Paris.
5. Sur l'utilé des voyages.
6. Sur l'organe de l'ouie, de l'homme, des reptiles et des poisons.

Wallis on Health.

The College proceeded to elect a Vice President, to supply the vacancy caused by the death of Dr. Neill, when Dr. George B. Wood was duly elected.

A circular, signed P. Van Buren, M. D., Secretary of the New York State Medical Society, announcing that a National Medical Convention would be convened in the city of New York, in the month of May, 1846, to be composed of delegates from the medical institutions of the United States; and a letter from Dr. N. S. Davis, to the President of the College, requesting the appointment of delegates by this body to represent it in the said Convention, were read by the Secretary; when, on motion, the circular and letter were referred to a Committee, consisting of Drs. Wood, Hewson, Moore, Bond, Bell, and Condie, to report at a future meeting what action it is expedient and proper for this College to take in relation to the proposed Convention.

Dr. Parrish presented and read The Annual Report on Surgery, as follows:

In tracing the history of the several departments of medical science, we are struck with the fluctuations which, from year to year, mark their progress.

Unlike the exact sciences, in which each assumed fact or discovery can be fairly tested, and, if true, be added to those already

accumulated, as a permanent investment in the great fund of knowledge,—Medicine is beset with difficulties which must render its progress, in a greater or less degree, uncertain and variable. The occult nature of the phenomena of health and disease; the various disturbing forces which obscure the real condition of internal organs; the imperfection in our power of observation; and the diversity in the temperaments or intellectual power of observers: together with their want of strict candor and conscientiousness in reporting the results of experience;—must all have an influence in retarding the advancement of this noble science. Hence it is, that in one year, a mass of testimony may be collected on a particular subject, from high and apparently unexceptionable sources, which shall be nullified or contradicted by the more matured observations of subsequent inquirers,—and that which was fondly hoped to have advanced us one step in an obscure and difficult path of investigation, will be found only to have furnished us with another illustration of the fallability of human judgment, and of the danger of trusting to partial and ill-digested conclusions. The history of modern Surgery is marked by many examples of this nature, some of which have been noticed in our previous reports.

Another source of embarrassment, in forming an estimate of the real progress of Surgery, arises from the ignorance in which we are too apt to be involved in regard to the knowledge and acquirements of our predecessors.

An old fact or theory, which has been quietly slumbering for ages, may be suddenly started as a novelty, and presented in a dress so new and attractive as scarcely to be recognized even by those versed in ancient lore—and this may be set down as one of the discoveries indicative of progress. An old method of practice, which has been blotted out of our more modern books as obsolete, may be found in these latter days to possess the value once attributed to it, and be received into favor, amongst the improvements of our times, to the exclusion of a plan long since adopted as its substitute.

It is not intended by these remarks to inculcate the sentiment, that we are making no actual progress, but merely to glance at some of the obstacles in the way; for, notwithstanding these, it must be evident that the labor of the many great minds in our profession, which have been devoted to the cultivation of Surgery, have not been in vain;—but that in the midst of unusual difficulties, new facts and principles are being evolved, which tend to elevate this interesting branch of knowledge in the scale of usefulness and importance.

It is true, that the lapse of a single year (if not marked by some grand discovery, which would signalize it as an epoch,) will furnish us with little evidence of substantial progress. There are always, however, questions of interest which are occupying the minds of surgeons, and upon which discussions are going on, with a view of

determining their actual value as new or profitable suggestions. To these we have usually directed attention in our annual reports, as subjects worthy of examination and reflection on the part of those who are seeking the advancement of our science.

On the present occasion we shall briefly refer to several topics of this nature.

Within the past three or four years, the medical journals have been occupied with earnest discussions in reference to the operation of ovariotomy, for the removal of large tumours from the cavity of the abdomen.

This bold procedure had its origin in ancient times, but was revived about the year 1809 by Dr. McDowall, of Danville, Kentucky —the first of modern operators. Since that period, about one hundred operations have been reported, chiefly by American and British surgeons.

Two methods of opening the abdomen have been proposed; one called the major, and the other, the minor section. The first consists of an incision about eight inches in extent, along the course of the linea alba, and, through the peritoneum, into the abdomen. The other differs from it only in the extent of the incision, being from four to six inches.

From a tabular synopsis of the operations, collected with great labor and care by Dr. W. L. Atlee, of Lancaster, (now of this city) published in the Am. Jour. of Med. Sciences, for April, 1845, we learn, that of 101 operations collected by him, 18 were performed by the minor section, 75 by the major, and 8 were unknown. Of the minor operation, 13 recovered, 5 died; of the major, 44 recovered, 31 died; of the unknown, 6 recovered, and 2 died. Total, 63 recovered, 38 died—or 38 in 101.

Of the 101 operations, 20 were not completed, and in 6 there was no tumour to be found. Of the unfinished operations, 12 were by the large section, 6 by the small, and 2 unknown; 7 of the first recovered, and 5 died; 3 of the minor recovered, and 3 died; and both of the unknown recovered. Total of the unfinished cases, 12 recoveries, 8 deaths. Of the 6 operations in which no tumour was found, 4 recovered and 2 died.

In 11 cases, other important diseases co-existed; in one of these, the operation was left unfinished, and the patient recovered; all the rest died.

In 42 cases, there were adhesions of the tumour to the surrounding parts; in 28 none; in 31 not stated. Of the first, 24 recovered, 18 died; of the second, 20 recovered, 8 died. Of the cases complicated with other important diseases, Dr. Atlee remarks, 5 were manifestly not proper for the operation, and 3 ought to have remained unfinished after the abdominal section was made. Throwing the former out of the estimate, would leave 96 legitimate cases, and

rating the latter according to the mortality of unfinished operations, it would make 64 recoveries and 32 deaths; which Dr. A. considers as the correct rate of mortality as represented in his table.

From the well known accuracy and candor of Dr. Atlee, we can have no doubt that this table is correct, so far as the materials were within his reach; and it probably includes most, if not all, of the cases reported: how many unsuccessful cases may have been withheld from the public, or in what number the disease has reappeared in the opposite side, we cannot, of course, undertake to determine.

Having presented these statistics, we shall proceed to consider some of the arguments which have been adduced by the advocates and opponents of this operation, in the discussion which is now in progress, relative to its claims to the confidence of the profession.

It is said by the advocates of the measure—

First. That the disease for which this formidable operation is proposed, is beyond the reach of medical treatment. That the organs involved are so separated from the sympathies of the general system, that medicines fail to affect them, and that the experience of the most enlightened physicians has taught them the inutility and hopelessness of relying upon such means for the mitigation or cure of the complaint; and inasmuch as the existence and growth of large tumours within the abdomen must undermine the health, and, by contracting adhesions to surrounding organs, impair their functions, and ultimately bring about fatal obstructions to the powers of life, that their removal by surgical means, being the only method of averting such a result, is a justifiable procedure.

Secondly. That the statistics of the operation of ovariotomy do not present a more unfavorable aspect than those of other capital operations, as amputations, strangulated hernia, &c.; and hence, that the risks being no greater than after these, objections should not rest against ovariotomy which are not considered valid against them.

Thirdly. That the difficulties of the abdominal section and the danger of opening the peritoneum have been greatly exaggerated, it having been found from experience that this cavity may be freely exposed to the air, and its contents handled, even for a period of half an hour, without the subsequent occurrence of serious inflammation, and that when this does occur, it may be met and overcome by the ordinary medical means.

Fourthly. That were the cases proper for the operation, selected with judgment, and the period of its performance fixed before the general health is seriously impaired, that the results would be still more favorable than they now appear, and would afford additional ground for the adoption of the measure.

On the other hand—it is urged by the opponents of the operation, that ovarian tumours, although incurable by remedial means, are

nevertheless capable of palliation, and even if unaffected altogether by remedies, they may remain stationary during many years, impairing the general health but slightly, as is proved by the age sometimes attained by persons laboring under such complaints. And hence, that subjecting an individual to the risks of an operation, in which, under the most favorable circumstances, the deaths are in the proportion of one to three, is unjustifiable and uncalled for. That if the patient is in the enjoyment of tolerable health, none of the important functions having been impaired, (circumstances which the advocates of the operation consider important to its success,) its performance is still more unjustifiable; inasmuch as it brings life into *immediate* and *imminent* risk, for the *prospective* dangers of the continuance of a disease, which may or may not increase to such an extent as to destroy life for a period of many years; and with which the patient may live in comparative comfort to advanced age.

Secondly. In regard to the statistics of the operation, as compared with other capital operations, it is urged by the opponents of ovariotomy, that the cases are by no means parallel. In the capital operations referred to, death from the disease is the inevitable, and, in many instances, the speedy result if surgical interference is delayed: it is not to ward off a probable or remote contingency that life is put in instant peril, or that excessive torture is inflicted—but it is to save from an impending and rapidly approaching calamity.

The fact of the cavity of the peritoneum being exposed to the air, and its contents roughly handled for the period of half an hour or more, without the occurrence of fatal peritonitis, which is adduced as an argument in favor of the peritoneal section, does not appear to the opponents of the operation to add any weight to this side of the question. That such exposure is dangerous, no one will doubt, and the tabular statement sufficiently proves it; and because patients escape, no argument is furnished for warranting the surgeon in exposing human life to such risks.

Take, for instance, a female in the prime of life, and in the enjoyment of tolerable health, competent to attend to her domestic duties, and to mingle in the social circle—her functions regularly performed, and nothing to mar the pleasures of existence save an unsightly prominence of the abdomen, with occasional pain and mental distress and the uneasiness attendant upon an ovarian tumour; and you have her in the condition which the advocates of this operation pronounce most favorable to its successful performance. Let an incision be made, eight inches long, through the external parietes of the abdomen and through the peritoneum, and after a tedious and painful dissection, let the tumour be dislodged and removed, and in every third case in which this process is instituted, let death be the consequence; what, we would ask, must be the feeling of the surgeon in these un-

fortunate cases? Will the escape of two patients render him easy under the loss of the third, when he reflects that the unfortunate individual, to whose relief his efforts were directed, might have lived in comparative comfort for a long period, and even through a long life? The occurrence of death, as an *immediate* consequence of a surgical operation, is an extremely painful event to the conscientious surgeon, even when the operation has been performed as a means of averting an inevitably fatal issue from disease; but where it has been instituted to rid an individual of an inconvenient or unsightly tumour, before life had been placed in jeopardy, and when all the functions were in full and vigorous exercise, a fatal issue must be doubly distressing. It is true, that from peculiar idiosyncrasies or some untoward accident, death may follow the simplest operation, but in the present case, the reflection is forced upon the mind that the cause was fully adequate to the effect. The wonder is, not that the patient should die, but that so many should survive. As has been well remarked by a highly respected Fellow of this College, (Dr. Meigs,) in a recent publication on this subject:

"This is not merely a question of statistics; for, I am free to say, that I look upon operations for the extirpation of diseased ovaria as not to be justified by the most fortunate issue in any ratio whatever of the cases. I apprehend the ratio of success hitherto obtained as not justifying the operation."

There is one other consideration which merits special attention in the consideration of this subject, and which, to our mind, furnishes a conclusive argument against ovariotomy. It is this:—In making the peritoneal section, the surgeon always proceeds upon an uncertainty. He is ignorant of the precise locality, the connections, and even of the nature, of the tumour which it is his object to remove. He lays open one of the most important cavities in the body, exposes vital and highly sensitive parts, and inflicts upon his patient severe pain, on an exploring expedition, which may result in death, or, at least, in a failure to afford relief without the loss of life.

By reference to the table above referred to, it will be perceived that out of the 101 operations, 20 were not completed, and in 6 no tumour was found! Thus, in one-fourth of the cases, it is fair to infer the surgeon made a mistake in diagnosis; of these 20, 8 died, and the other 12 encountered a severe and highly dangerous operation without receiving benefit. Of the 6 cases in which *no tumour was found*, 2 died—victims, most certainly, to ignorance and rashness.

Nor can these errors in diagnosis be wholly avoided by the utmost skill and penetration on the part of the surgeon. The existence or non-existence of adhesions cannot be foretold, although such knowledge is of the utmost importance in determining the possibility of removing the tumour; the parts are hidden from view, and there is no method of ascertaining their condition but by inspec-

tion. Even our friends, the Drs. Atlee, of Lancaster—whose discrimination and skill will not be questioned by those who know them—have been several times deceived as to the nature of the cases which have been subjected to their treatment.

The case of Dr. Washington L. Atlee, reported in the April number of the Amer. Jour. of Med. Sciences, supposed to be ovarian disease, was found, when exposed, to be a fibrous tumour of the uterus, and although it was successfully removed, its character was mistaken. It is true, Dr. Atlee considers that the operation may be extended to fibrous tumours of the uterus, and that ignorance of the precise organ involved should not militate against it, provided the case can be clearly diagnosticated as fit for gastrotomy; but how can such clear diagnosis be established while the surgeon is doubtful of the nature, and even of the *locality* of the disease he proposes to remove?

The results, as presented by the table of Dr. Atlee, appear to your Committee to go far towards destroying the confidence of the profession in this heroic operation; and however much we may admire the boldness and skill of those surgeons who have attempted it, and however sincere they may be in urging its claims to the confidence of the profession, we cannot but consider it as an unwarrantable and unsafe operation.

In taking this position, your reporter conceives that he is but expressing the sentiments of the highest surgical authorities in Europe and in this country, whose opinions are to be found scattered through the periodical medical literature of the day, and in various treatises written expressly on the subject. To quote these authorities in detail, or to enter into the history of individual cases, would extend this Report beyond proper limits; our object being merely to present a condensed analysis of the arguments for and against the operation, and of the statistical table which exhibits the results so far as they have been obtained.

While, on the one hand, modern Surgery has been distinguished by the revival of many old operations, or the invention of new ones, for the relief of maladies deemed incurable by other means—there has been, on the other hand, a growing distrust in the efficacy of the knife, in many surgical complaints for which it has been heretofore almost entirely resorted to. This is seen in the present state of opinion in regard to the extirpation of cancerous or malignant tumours occurring in different parts of the body. The almost invariable return of these tumours after operations for their removal, and, in some instances, the apparent effect of such operations in hastening the fatal event, has determined many experienced surgeons not to recommend an operation in cases of unequivocal cancerous disease, especially when occurring in the mammary gland.

This want of confidence in operations being founded on the idea

that the diseased mass which appears externally is but the manifestation of a morbid condition of the constitution, which, if not corrected, will generate a new growth—has induced a more rigid examination into the nature of this constitutional vice, and into the means of counteracting it; and although but little knowledge has yet been acquired upon these obscure points, yet it is satisfactory to believe that investigations are being made in the right direction; and as these are perseveringly continued, it is to be hoped that new light will yet be thrown upon the nature of these terrific maladies.

A work by Dr. MacIlwain, of London, on the nature and treatment of tumours, published during the present year, contains some interesting researches on this subject.

This author maintains the curability of cancer and other tumours deemed malignant, and considers the popular idea of their being beyond the control of treatment, to be pernicious, inasmuch as it leads to inattention and indecision. He conceives that the curative indications should be directed mainly to the organs of assimilation. The diet should be carefully regulated, and articles specially interdicted which would favor the generation of carbon, as grease, sugar, and alcohol.

The results derived from this treatment, as reported by Dr. MacIlwain, are far more encouraging than we are accustomed to find them in these diseases. How far they may prove to be correct, time must determine. We think that his views are interesting, and worthy of examination by those who feel an interest in the subject.

S. Tanchou, of Paris, has also published a work on the treatment of cancerous tumours of the breast without operation, in which the same ground, as regards the curability of cancer, is assumed, and numerous cases collected in confirmation of its truth. We have not seen this work, but observe that it is noticed as forming an interesting item in the recent examinations of this subject. There is scarcely a question, in the whole range of Surgery, of more absorbing interest, or which affects more deeply the interests of humanity, than the pathology and treatment of malignant tumours; and we sincerely desire that no effort may be spared to develop correct principles in regard to it.

The treatment of aneurism by pressure upon the artery, above the seat of the tumour, has recently attracted considerable attention from some of the British surgeons. Dr. Bellingham, of Dublin, has published a paper in the Dublin Journal, of May, 1845, in which he has presented a list of twelve cases of popliteal and femoral aneurism successfully treated by compression; eight of these were treated in Dublin, and the cures are believed to be permanent. This method has been in practice, in some form or other, for a century and a half, but has been found so painful and inconvenient as to be rarely employed in preference to the incision and ligature.

In 1681, the celebrated French surgeon, Bouidelot, published an able memoir upon this method of treating aneurism, in which he gave an account of his own case. He had the artery punctured at the bend of his arm in the act of venesection; after which an aneurism made its appearance. Finding the compression necessary to stop the pulsation, produced an arrest of the circulation in the superficial veins, he bethought himself of some method of avoiding this difficulty, and contrived an instrument very similar to that now in use, which cured him in about a year.

It must be confessed, however, that the ligature not unfrequently fails, and that its application is attended with more or less risk and difficulty. Any improved method of applying pressure, therefore, merits the attention of surgeons.

Dr. Bellingham conceives that much advantage has arisen in the cases occurring under his notice, from the use of an instrument resembling the carpenter's clamp, consisting of an arc of steel covered with leather, at one extremity of which is an oblong padded splint, the other extremity terminating in a nut, containing a quick screw, to which a pad similar to that of a tourniquet is attached. The amount of pressure is regulated by the turning of the screw; and can be graduated by the patient, himself. A very similar contrivance has been long used for the same purpose, by the surgeons of this City, and we believe with good results. In the cases of Dr. Bellingham, however, several instruments are applied along the course of the artery, (where from the position of the aneurism this is practicable) and as the pressure of one becomes painful or disagreeable, it is loosened and another tightened, so as to keep up, steady and uniform compression.

The principle of cure in these cases, is not by cutting off entirely the flow of blood into the aneurism as in the case of the ligature, but by so far diminishing the force of the current as to allow of the formation of a clot and the deposition of fibrine in the sac, whereby its sides are gradually encroached upon, until the tumour becomes solid. The sac being now filled, the anastomosing branches carry on the circulation and the tumour is gradually absorbed. It is, in fact, imitating the process adopted by nature, in the spontaneous cure of aneurism.

The better appreciation of this principle by the profession, may lead to more satisfactory results in the treatment of aneurisms, by compression, than have heretofore been obtained.

The idea promulgated by Scarpa, and other eminent writers on this subject, that it was necessary in the cure of aneurism, to bring the sides of the vessel into close and complete contact, and to produce such a degree of irritation as should induce adhesive inflammation in the opposing surfaces; has probably led surgeons to the employment of more forcible pressure than was necessary or than could be borne, and has thus thwarted their efforts in effecting a cure by this process.

Should it be found from repeated trials that a tolerable degree of pressure is sufficient, and that this can be readily graduated by the patient, it appears reasonable to infer, that at least in cases of aneurisms of the vessels of the extremities, the plan of compression may ultimately be found to supersede in a great measure the use of the knife. The subject is one of great interest to surgeons, and deserving of very careful examination.

The use of compression over the incised part after recent wounds of arteries, has been practiced in the Pennsylvania Hospital for many years, in cases where the securing of the vessel by ligature would have been thought necessary by many surgeons, and the results have been very gratifying.

Careful and well directed pressure by compress and bandage, together with perfect rest to the limb, secured by a splint, will, it is believed, in most cases (where from the position of the wound it can be made) effect a cure without a resort to operation. A very interesting paper on this subject by Dr. Thomas S. Kirkbride, will be found in the February No. of the American Journal of Medical Science, for 1839, in which the history of five cases so treated are given.

The attention of the profession has also been called to the advantages of the ligature over the knife, in the treatment of fistula in ano, in a late number of the London Lancet, by Dr. Luke.

The very general adoption of the cutting operation of late years, would seem to indicate the preference of the majority of surgeons for this method; while many others still prefer the ligature. Dr. Luke proposes a method of regulating the tension of the ligature, which appears novel, a small instrument termed a fistula tourniquet, is attached to the ends of the string enclosing the parts to be divided, to which a screw is attached; the tightning or loosing of which screw determines the amount of tension, and the necessity for increasing its force as the ulceration of the enclosed parts advances; twelve cases treated by this plan are reported.

The attention of the profession, has been recently directed to the proper treatment of inverted toe nail, by the publication of the surgical works of the late Dr. Zeiss of Germany. That surgeon reprobates in strong terms a resort to severe operations in the treatment of this painful and troublesome disease; the several plans recommended by the French surgeons, of excision of the granulations, and tearing out the nail by the roots; of dividing it with scissors, and forcing back the diseased portion by a spatula; of burning with caustic-potash; &c.; have always appeared to us unnessarily severe, and less effectual than milder means. Dr. Zeiss considers that the principle of cure in these cases, is to allow the nail to grow to its proper length and to prevent it from taking a downward direc-

tion by inserting lint between its sharp edge, and the soft parts; it is never necessary to remove the nail or any portion of it, because the disease does not arise from the *growing in of the nail*, but from the *intumescence* and *ulceration of the soft parts;* the great object is to relieve this condition of the soft parts, by taking off the pressure of the edge of the nail, by means of lint; by rest, warm bathing, and escharotics if necessary; the most obstinate cases recover in this way, if patience and perseverance are maintained by the patient and surgeon.

We may remark that the views so ably advanced by Dr. Zeiss and upon which he bases his method of treatment, have been held by the most prominent practitioners of Philadelphia for many years past; your reporter was in practice for some years and saw several cases of this disease treated by the method now proposed by Dr. Zeiss, before he was aware that any other plan had been adopted; the practice is not therefore presented as a novelty to American practitioners, but merely to point out a very good method of treating a troublesome complaint.

Our last report was occupied with the account of the gun shot wounds received at the riots of Kensington and Southwark in the year 1844, and several cases were related indicative of the astonishing powers of nature in restoring parts lacerated by balls; and calculated to encourage attempts to save limbs thus injured, rather than to consign them to the knife.

In the last number of the Southern Medical and Surgical Journal just received, we notice a highly interesting communication translated from a late French Journal, on "amputation of the limbs in consequence of gun shot wounds, by Lisfranc, being a part of a yet unpublished treatise on operative medicine by that distinguished surgeon."

The sentiments advanced in this paper are at variance with many high authorities on the question of the propriety of amputation after gun shot wounds of the extremities, when occurring under circumstances which admit of the extension of proper surgical treatment.

When an articulation of the first or second importance is laid open by a projectile, amputations says Lisfranc are seldom required unless the surrounding soft parts have experienced too great a loss of substance.

Comminuted fracture of a long bone, either of the upper or inferior extremity, which have generally been thought to require amputation, are not so considered by Lisfranc, who has had many successful cases of recovery with the use of the limb after those accidents.

In gun shot fractures of the thigh, the indiscriminate recommendation to amputate, as given by Larrey, Gutherie and others, is re-

probated by Lisfranc, who believes many limbs may be saved, if the constitution of the patient is good, and if surrounding circumstances are favorable; he reports two cases of the wounded of July 1830, which recovered under his care, at the Hospital de la Pitie; and Dupuytren has reported another; Lisfranc himself has not lost a patient who had received this form of injury, when the circumstances were favorable.

Lisfranc also doubts the soundness of the recommendation always to amputate in cases of gun shot wounds, complicated with laceration of the principal blood vessels of the limb.

If the soft parts have not suffered extensive laceration, he believes it possible often to save the limb, especially when the upper extremity is the subject of injury.

On the whole, this eminent surgeon arrives at the conclusion, "that if the locality be advantageous, if the patient be well constituted, and the intestinal canal in an excellent state, if his moral constitution be good, if the animal economy be not tainted with any virus, operations should be more rarely performed; for in the favorable circumstances which we have just indicated, success has frequently exceeded all hope."

These sentiments emanating from an authority so high must have an important influence on the state of opinion relative to the important questions involved in the propriety of amputations; they are in a great measure in accordance with some of the highest surgical authority of our own country; and were acted upon with the most favorable results in the cases detailed in our last report.

May we not indulge the hope, that as our knowledge of the principles which control or modify the progress of these serious accidents, comes to be more fully matured, that the number of cases in which amputation will be deemed necessary will be narrowed down to a comparatively small circle, and that by the exercise of skill in addressing remedies to the general system, and in taking advantage of all the means and appliances within the reach of the art, that surgery will yet triumph over many of those injuries which have been deemed so destructive, as to demand an immediate resort to the knife?

The election of a Censor, to supply the vacancy caused by the election of Dr. Wood to the Vice Presidency, and of the Committee on Publication, was, on motion, postponed until the next meeting.

Stated Meeting, December 2d, 1845.

Dr. Hewson, President, in the Chair.

Present, twenty-four members.

The Committee, to whom was referred the communication from the New York State Medical Society, recommending a National Medical Convention of Delegates to be convened in the city of New York, in May, 1846, for the purpose of adopting measures for the elevation of the standard of medical education, reported—

That having taken the subject into deliberate consideration, and viewed it in all its bearings, they have come to the conclusion that, although the object contemplated by the New York Society is highly commendable, the proposed plan is not, in their opinion, the best adapted to accomplish that object, and that it would not be advisable for the College to participate in the Convention. They, therefore, recommend that the President of the College, to whom the communication was addressed, be requested to reply, on behalf of the College, stating, very respectfully, that, while the College cordially approve of the proposed object, they do not, under present circumstances, deem it expedient to appoint delegates to represent them in the Convention. And the said Report was, on motion, adopted.

The Library Committee reported that the following donations had been made to the Library of the College :—

By Dr. Wood—

Ætiology and Semeiology, by Aretæius and Schill. 8vo.
Aran on Diseases of the Heart. 8vo.
Andral's Clinical Observations on Diseases of the Abdomen. 8vo.
——— Clinical Observations on Diseases of the Chest. 8vo.
Bell's Dictionary of Materia Medica. 8vo.
Blundell's Principles and Practice of Midwifery. 8vo.
Bampfield on Diseases of the Spine. 8vo.
Bulletin of the Medical Sciences, from January, 1843, to January, 1844.
Dick on the Organs of Digestion. 8vo.
Gordon, Hey, Armstrong, Lee, and Meigs on Puerperal Fever. 8vo.
Lee's Theory and Practice of Midwifery. 8vo.
Nunnelly on Erysipelas. 8vo.
Pilcher on the Ear. 8vo.
Thomas and Twining on Diseases of the Liver and Spleen. 8vo.
Underwood on Diseases of Children, with notes by Merriman, Hall, and Bell. 8vo.

Waller, Lisfranc, and Ingleby on Diseases of the Uterus, and Puerperal Fever. 8vo.
Williams' Principles of Medicine. 8vo.

By Dr. Condie—

Aitkin's Surgical Essays. 8vo.
Astruc on Diseases of Females. Part I.—Diseases of Menstruation. 8vo.
Bell on Baths and Mineral Waters. 12mo.
Broussais' Physiology, by La Roche & Bell. 8vo.
Burn's Midwifery, with notes by Professor James. 8vo.
Culpepper's Chirurgery. 8vo.
Churchill on Diseases of Females. 8vo.
Cole, De Febribus Intermittentibus, etc. 4to.
Dewees on Diseases of Children. 8vo.
Evanson and Maunsel on Diseases of Children, with notes by Condie. 8vo.
Eberle's Therapeutics. 2 vols. 8vo.
Harris, De Morbis Acutis Infantum. 4to.
Heister's Surgery. 4to.
Lister, Sex Exercitationes Medicinales. 4to.
Marley on Diseases of Children. 8vo.
Morton, Opera Medica. 4to.
Manual for Invalids. 8vo.
Oswald on Suspended Life. 8vo.
Sharp's Surgery. 8vo.
Smellie's Cases in Midwifery. 8vo.
Van dem Busch's German translation, with notes, of Desruelles on Hooping Cough. 8vo.
White's Surgical Essay. 8vo.
Williams on Diseases of the Chest. 8vo.

The College proceeded to elect a Censor, to supply the vacancy caused by the election of Dr. Wood as Vice President of the College, and a Committee of Publication for the ensuing twelve months —when Dr. Samuel Jackson was elected Censor, and Drs. Condie, Parrish, and Bell, the Committee of Publication.

Stated Meeting, January 6th, 1846.

Dr. Wood, Vice President, in the Chair.

Present, fourteen members.

The Library Committee reported that they had completed a catalogue of the books belonging to the Library of the College, and have had the same copied in a proper book.

A communication was received from Dr. Sharpless, and after some discussion as to the light in which the said communication was to be viewed, it was, on motion, unanimously resolved, that the name of Dr. John T. Sharpless be "removed from the list of Fellows" of this College.

Dr. Moore stated that the Committee appointed by the College, some time since, to investigate the subject of re-vaccination, had, as yet, not been able to make a report, from their inability to procure a suitable field in which to prosecute their inquiry, with any hopes of arriving at satisfactory conclusions; but having recently obtained permission from the Directors to re-vaccinate the pupils of the Public Schools, provided the consent of the parents or guardians of the children be first obtained, they were in hopes to be able, shortly, to present a report satisfactory to the College.

On motion of Dr. Parrish, it was *Resolved*, That a Committee of three be appointed, with directions to address a circular to the Fellows of the College, and to such other members of the profession as they may deem proper, requesting the communication of such facts in relation to the protective powers of vaccination as may have fallen under their notice during the present epidemic, or previously.

Drs. Parrish, Bond, and J. R. Paul were appointed the Committee under this resolution.

Stated Meeting, February 3d, 1846.

Dr. Hewson, President, in the Chair.

Present, twenty-four members.

On motion of Dr. Condie, it was resolved that the two Committees on the subject of re-vaccination be requested to act in conjunction.

A conversation took place, deprecatory of the action of the present Legislature of the State, in the rapid and needless multiplication of medical schools in the city and county of Philadelphia, all clothed with the power of granting the degree of Doctor in Medicine.

Dr. Warrington presented and read the Annual Report on Midwifery, as follows:—

In presenting the Report on Midwifery, "embracing a review of such interesting facts and doctrines pertaining to the subject as may have been offered to the profession during the preceding year," your Committee feels that it has been able to present little more than a *resumé* of what has been already within the reach of most of the Fellows of this College.

Unfortunately several years have elapsed since a report on midwifery has been presented to the College, your present Committee is, therefore, without precedent as to the extent of the field which it should take into review; whether it should be confined strictly to midwifery as a mere art of delivery, in cases of difficult parturition, and thus embrace only a narrative of the various instances that have been recorded, in which dexterity in the exercise of the art was called for; the modifications of instruments which have been proposed or effected, and the different methods which have been suggested or adopted for overcoming difficulties when they have presented; or whether it might extend its researches into those various matters which, while interesting to the general practitioner, become especially so to the obstetrician, either as regards the anatomy, physiology, pathology, or therapeutics of the reproductive system.

The interest felt by your Committee in the subject of obstetric medicine would, in the absence of any governing example to the contrary, lead to a recapitulation and review of such communications, in the various departments alluded to, as have been introduced to the profession within the last few months.

The following report, meagre as it is, has been made up in those various small intervals of time allowed to the Committee in the midst of responsible and often hurried occupation; it may, therefore, prove less edifying to the Fellows of the College than would be desirable; it is, certainly, not without a strong consciousness of its imperfections that it is now produced.

The peculiar appearance of the unimpregnated uterus—the remarkable changes which it undergoes during pregnancy and parturition, have long since led to speculations as to the character of its tissue. That it is muscular, appears to have been a general sentiment, but the arrangement of its fibres for the purposes of exerting so powerful an effort for the expulsion of the ovum, has been variously indicated. Dewees, viewing the process of dilatation of the os and cervix uteri, and the corpus and fundus, during labor for child-birth, declared that there existed two sets of fibres; one longitudinal, and the other circular or transverse; that the two sets were at right angles, and acted as antagonistics to each other. The patient investigations of Mad. Boivin settled, in her mind, that there may be seen on each surface of the organ, the anterior and posterior, seven fasciæ or planes, &c., &c. The Amer. Jour. of Med.

Sciences, for January, 1845, quoting from a recent number of the Journal de Chirurgie, tells us that M. Jobert de Lamballe has been making researches into the structure of the uterus, and infers that—

1. The proper tissue of the uterus is not fibrous, but muscular, at all periods and in all animals.

2. In pregnancy, the uterus is merely in a state of muscular hypertrophy.

3. The uterus is formed by one muscle, and not by several.

4. There exists a uterine mucous membrane, but it is without an epithelium.

5. The direction of the uterine fibres shows how they act in freeing the organ of its contents. The longitudinal layers of fibres which originates at the fundus, and is inserted into the neck and vagina, tends to diminish the length of the uterus; whilst the semicircular fibres, by their action, diminish its cavity in every sense.

The longitudinal and annular fibres of the Fallopian tubes explains the mode of progression of the ovule in its passage from the ovary to the uterus; and those fibres which surround the uterine vessels appear to diminish, by their contraction, the rapidity of the circulation, and to prevent hemorrhage during parturition.

The fibres of the single muscle which forms the uterus, are, according to Jobert, arranged in the directions, 1. Posteriorly, they begin at the fundus of the uterus, and end at the uterine extremity of the vagina, to which they become attached, with the exception of some few that terminate on the neck above the junction of the vulvo-uterine canal. They adhere by one surface to the peritonæum; by the other, to the oblique fibres.

2. The anterior superficial fibres do not pass along the entire extent of the uterine parieties, but cross each other before they arrive at the round ligament of the opposite side. Some contribute to form it; whereas, others pass behind and terminate on the lateral regions, where they cross, also, those of the posterior region.

3. There are other superficial fibres, evident only during pregnancy; these are destined to the Fallopian tubes, to the ovarian ligaments. Some originate at the fundus of the uterus, unite with those which contribute to form the Fallopian tubes, and pass on to the anterior part of the ovarian ligaments. Others, more numerous, originate from the posterior surface of the fundus of the uterus, and pass on to the same ligament. Lastly, a few transversal fibres from the posterior surface, form its inferior part. The numerous fibres which pass on to the Fallopian tubes, originate at the fundus of the uterus, and form a thick fasciculus, which divides into two secondary fasciculi, destined, one to the ovarian ligament; the other, more voluminous, to the Fallopian tube. Some fibres separate from the common fasciculus, and lose themselves in the cellular tissue which separates the Fallopian tube from the round ligament. The deep

fibres are very visible when the uterus has undergone rather lengthened boiling. They all evidently present a semicircular direction; are rather oblique, and differ from those above described only by their smallness, and by their belonging exclusively to the body and to the neck of the uterus. They cross each other on the median line anteriorly and posteriorly, and also on the sides, so as to produce a kind of net-work. Their thickness varies as they approximate the internal surface of the uterus, where they appear to describe circles exterior to the internal membrane. There are annular fibres along the Fallopian tubes, which do not entirely encircle it; these fibres are deep seated. Lastly, the blood vessels are encircled by fibres similar to the deep seated muscular layer which surrounds the intestinal canal.

The uterine neck is formed by fibres, which constitute semicircles, and decussate without mingling. This semicircular arrangement is more evident in women who have had children than in nulliparous females.

Jobert thinks that the vagina attaches itself to the proper substance of the uterus, where the mucous membrane passes from the neck itself to the os tincæ. This insertion terminates abruptly anteriorly; posteriorly, it is continuous with the longitudinal fasciculus.

Professor Murphy has recently reported, in the Dublin Journal, the following statistics with regard to menstruation. He gives the results of his own observation, respecting the age at which this function commenced, in 559 cases; he quotes 450 instances observed by Mr. Robertson, and also 1160 by Dr. Lee, making a sum of 2169 cases; showing that, in 14 of these, the function commenced at 9 years; 1 at 23 years; in 417 at 15 years, and the remainder, 1737, irregularly between the ages of 12 and 18 years.

The interval of the catamenial periods was recorded in 691 cases. In 557, the interval was found to be 28 days; in 105, it was 21 days; in the remaining 29 it was irregular, varying from 14 to 42 days.

Rindskoff examined the menstrual discharge of a healthy and vigorous girl. It was extremely acid; his first analysis yielded

820.830 parts of water, 179.170 of solid residue;
10.150 of salts.

The second experiment yielded—

821.892 of water, 156.547 of hemato-globulin and albumen;
20.651 of extractive matter and salts.

Vogel found the menstrual discharge, in a case of prolapsed uterus, of an intensely red color, thick and viscid; it did not coagulate, but after standing some time, a colorless serum separated. The fluid obtained at the commencement of the flow yielded 830.900 parts of water, 160.100 of solid materials; and that obtained near the termination yielded 830.700 of water, and 160.300 of solid materials.

The serum contained 930.530 parts of water, and 600.470 of solids, of which 0.640 were fixed salts.

Though numerous investigators, as Negrier, Paterson, Lee, Jones, and others, into the mode of reproduction in the zoological class of beings, have tended to modify the notions entertained by most physiologists for many years, yet it appears to have been reserved for Pouchet, Raciborski, and Bischoff, and perhaps for Duvernoy, to make a definite elucidation of this subject; and these latter gentlemen appear now to have brought the interesting question to an almost settled conclusion, both from analogy and from a series of careful observations, not only on brutes, but in the human subject: that during the period of rutting in the former, and of menstruation in the latter, entirely independent of the application of the male sperm, an ovule escapes from the ovary, and is conducted through the Fallopian tube, uterus, and vagina; that preliminary to all this, a vesicle in the ovary enlarges, matures, and bursts, giving, first, exit to the ovule, and afterwards, receiving blood and lymph, passing through the various stages of absorption and cicatrization; thus exhibiting the yellow body in the ovary which had heretofore been regarded as a positive evidence of impregnation and conception. This view, of course, would, if generally acknowledged to be correct, demand a modification of our medico-legal opinions on this point. Still, that these opinions shall not be entirely reversed, it is acceded by some of these investigators, that the corpora lutea which occur after the escape of the ovules, and which have not been subsequently fecundated, are much smaller and less conspicuous than in cases in which the ovule has been retained in some part of the oviduct or uterus for subsequent development, in consequence of impregnation.

The conclusions of Pouchet, Professor of Zoology at the Museum of Natural History at Rouen, in his treatise, entitled "Positive theory of the Fecundation of the Mammiferæ, based upon observations made upon the entire animal series," published in Paris in 1842, are summed up in ten fundamental and three accessary physiological laws.

1. The human species forms no exception: the phenomena of its generation follow laws analagous to those which are observed among the different animals, and they are even perfectly identical with the acts which take place among those which occupy the head of the zoological series.

2. Generation in all animals takes place by means of eggs, some inferior beings alone forming an exception.

3. In the whole animal series, the ovules pre-exist fecundation.

4. Physical obstacles prevent, in the mammiferæ, the possibility of the seminal fluid being placed in contact with the ovules while yet contained within the Graafian vesicles.

5. In the whole animal series, without the possibility of question, the ovary emits its ovules, independently of fecundation.

6. In all the animals, the ovules are emited at periods fixed, and in relation with the increased periodical excitement of the genital organs.

7. In the mammiferæ, fecundation never occurs unless the emission of the ovules coincides with the presence of the seminal fluid.

8. The emission of the catamenial discharge of women corresponds with the phenomena of excitement which manifest themselves as the period of the *amours* of the different beings in the zoological series and especially of the females of the mammiferæ.

9. Fecundation offers a constant relation with the emission of the menses: thus, in the human species, it is easy to determine accurately the inter-menstrual period at which conception is physically impossible, and that at which it may be probable.

10. Assuredly there exists no ovarian pregnancies, properly so called.

1st. Accessory law, fecundation in the mammiferæ is normally effected in the uterus.

2d. Abdominal and tubar pregnancies do not indicate that fecundation is normally effected in the ovary, and that it is this which causes the emission of the ovules.

3d. Normally, the Fallopian tubes only contract from within outwards, to transport the ovules.

M. Raciborski asserts, that, 1st., the copora lutea are the result of an actual hypertrophy of the granular layer, which covers the internal membrane of the Graafian vesicles. The anatomical elements of these two parts are absolutely alike, only the granulations of the corpora lutea are much more numerous and enclose more oily globules of a yellow color.

2d. The transformation of the inner coat into a corpus luteum, commences before the rupture of the vesicles, at the time when these latter are preparing to gain passage for the ovulum.

3d. As soon as the Graafian vesicles are ruptured, the transformation of the inner membrane into a corpus luteum acquires a remarkable activity; but there are here two important differences to establish, according as the expulsion of the ovum has been spontaneous, which happens after each menstrual period or after the rutting season, or as it is coincident with sexual connection, followed by conception.

In most female domestic animals, such as the sow, the cow, ewe and others, this difference does not exist; whether they have had sexual intercourse or not, the expulsion of an ovulum, is always followed by the formation of corpora lutea, represented by fleshy masses, of a yellowish or reddish color, but it is not so in woman. If the expulsion of the ovulum has not been followed by conception, as happens, for instance, after each menstrual period, then the gran-

ulations increase both in number and in size: but this activity of nutrition is soon arrested in the shape a delicate membrane of a more or less marked yellow, glued to the one peculiar to the vesicles, and in the cavity which surrounds it, traces of a clot of blood may always be seen. If, on the contrary, the expulsion of an ovulum is coincident with conception, the elements of the granular coat increase so much in size and number, that, in a little time they form a very large mass, filling the whole cavity of the vesicles.

In women whose accouchments are true to time, may be found a yellow body, such as has just been described. But the most remarkable point is the rapidity with which it decreases and becomes atrophied after the expulsion of the fœtus.

It consequently results from the preceding propositions, that in women, it is very easy to distinguish, by inspection alone, the cases of spontaneous expulsion of the ovula, from cases where the expulsion has been followed by conception.

Professor Murphy has made the duration of pregnancy an object of inquiry. The number of cases in which accurate information was procured was 186, and, as stated in the Dublin Journal, to prevent error arising from uncertainty as to the exact date of conception, the menstrual interval was deducted from the whole number of days of pregnancy: thus, 328–28 would make the duration of pregnancy 300 days: the result thus ascertained, says the American Journal of Medical Sciences, Jan. 1842, establishes 301 days as the average limit of gestation. To this there are, however, three remarkable exceptions; in the first, a fully developed child was born after an interval of 261 days. The evidence in this instance, an unmarried female, stating herself to be pregnant after one connection, is not to be wholly relied on; in two other cases the duration of pregnancy extended to 342 and 352 days, or deducting the menstrual period, to 324 and 314 days respectively. The histories of those cases, given in detail, are such as to lead to the conclusion that pregnancy may be prolonged to this extended period; a fact, of great importance to the medical jurist.

The same Journal for July, 1845, quotes a case mentioned by Dr. Hedrick of Germany, of a primiparous female, who was delivered 309 days after coitus.

Notwithstanding the declarations of Baudelocque, Velpeau and other obstetricians, that anterior obliquity of the uterus at the full period of gravidity, and the experience, Baudelocque has affirmed, that the greatest anterior obliquity which can happen does not necessarily derange the mechanism of parturition, yet, we find, in the Medical Examiner, for 1845, a case detailed by Dr. Pellegrini, in which the abdomen of the pregnant woman formed a great sac which hung down upon the thighs; and although the woman was in the horizontal position, the fundus of the womb

touched the knees. Dr. P. says, that when the contractions of the uterus took place, as they did very strongly, the orifice was directed to the vertebral column, the posterior lip being anterior; vigorous, but ineffectual efforts were made to restore the fundus and direct the orifice downwards; the patient being seized with convulsions, whenever any prolonged attempts were made for this purpose. The child was finally extracted by manual force. It was dead, and the mother was attacked with metro-peritonitis and died four days afterwards.

With less unfortunate results for the mother and the contents of the ovum, your reporter has met with a case the characteristics of which were somewhat similar. The woman, the subject of a number of previous pregnancies, had, in the one under consideration, the abdomen largely distended and the uterine tumour so protruded that she was obliged, in pursuing her daily vocation, as a washerwoman, to place the mass upon the bench on which her tub was stationed, while she with very great difficulty washed and wrung out a few necessary articles of clothing. When labor had existed several hours, the anterior lip of the uterus could just be felt above the pubes, and a small segment of the ovi-sac appeared as though directed backwards and upwards above the sacral prominence. The dorsal position, with the hips highly elevated, the shoulders much depressed, an elevating force applied to the fundus of the uterus, to restore its position, and the application of a strong sheet upon its anterior surface, drawn tightly by a female on each side, appeared to be necessary for the purpose of gradually bringing the axis of the uterus into relation with that of the superior strait of the pelvis. The labor was protracted, but delivery was finally accomplished without the intervention of other means.

In the course of the past year, your reporter has also seen, with Dr. Moehring, a Fellow of this College, a young lady, subject of a second pregnancy, in whom the fundus uteri at full term, had tilted so far forwards as to be below the umbilicus, and appear as though the whole gestative organ was in the hypogastric region. The os uteri, at the time of labor was directed upwards and backwards, and it was not until strong and well regulated compression had been made for some time, that the axis of the womb could be made to correspond with that of the pelvis.

Upon the authority of Dr. West, in his report on the progress of midwifery, we quote a case related by Dr. De Billi, of a patient whose uterus became *retroverted* at a very early period of her second pregnancy, and continued so attended, as utero gestation advanced, with very urgent symptoms, until the eighth month; a discharge of fluid then took place, and three days afterwards labor pains come on. Externally, the uterus seemed of natural size and form, but a large round tumour was felt between the pubis and

rectum, and the os uteri was very high up, tilted five fingers breadth above the pubis, quite beyond the reach of the hand. Notwithstanding this misplacement the patient had always voided her urine, though with great difficulty. Dr. De Billi reduced the uterus by pressure on its fundus, exerted through the vagina, while counter pressure was made externally. The child, which presented the breech, was still-born, but the mother perfectly recovered.

Dr. Hedrick relates a case, quoted in the American Journal of Medical Science, July, 1845, in which the membranes ruptured and the liquor amnii escaped six weeks before the full period. The maternal abdomen became so flaccid, that the parts of the fœtus could be distinguished through its parietes. The water was reproduced before delivery, which took place before the usual time.

Your reporter is familiar with a case in which the membranes burst seven weeks before the full term of gestation. The water flowed off, at first, very rapidly, and quickly reduced the size of the uterine tumour. The patient daily, from that time, saturated twelve large napkins with a colorless fluid, readily distinguished from the renal secretion. The movements of the fœtus became painful and caused a peculiarly distressing sensation. The abdominal tumour did not attain its previous size. Labor was natural, but very tardy, requiring the use of ergot to excite contractions sufficiently powerful to terminate the second stage. This failing, recourse was had to the forceps, and a female child, in good condition, was shortly afterwards delivered. There was no appreciable quantity of liquor amnii in the uterus during the time of labor.

In the American Journal of Medical Sciences, for July, 1844, it is recorded that Dr. Perffetti attended a woman in labor who had a complete procidentia of the uterus. She had suffered, more or less, from prolapsus uteri ever since she was fifteen years old, and on any great exertion, the organ appeared externally. Having become pregnant at the age of twenty-two, she was relieved of her ailment until the seventh month of utero-gestation, when it began to return. At the beginning of the eighth month, the uterus reached more than six fingers' breadth beyond the external parts, and during parturition, it projected still further. After being four days in labor, Dr. Perffetti visited her, and found the os uteri so hard and undilatable as to require incisions to be made into it. He then introduced forceps into the uterus, and extracted the child. The mother recovered, though she was afterwards obliged to wear a pessary.

Though your Committee believes that Dr. Ashwell has reported a case of procidentia uteri, existing at the full term of gestation, in which, during labor, he felt himself obliged to use forceps, because he believed the uterus itself could not contract with sufficient power

to expel the fœtus, yet that extrinsic aid is not always necessary in these cases, may he proved by the following history:

Dr. Davy, of Drogheda, communicated to the Dublin Medical Press, in November, 1844, the case of a woman, aged forty-two, who, having had prolapsus uteri for some years, and being for the seventh time pregnant, was suddenly seized with labor pains on the 23d of August. Dr. D. found the uterus lying between the patient's thighs, presenting a livid appearance; the os uteri having a dry feel, without any signs of dilatation. The labor pains were strong, and the patient experienced violent cramps in the lower extremities. Dr. D. immediately took thirty ounces of blood from the arm, and administered four drops of acetated tincture of opium in mint-water and syrup of orange peel, from which the patient obtained rest for two hours. After this, the labor pains returned; the os uteri gradually and steadily dilated, with a sufficiency of mucous secretion; and a healthy but small sized child was born. The placenta followed, after a short time, and the uterus being replaced and suitably secured, nothing untoward followed.

A third case of this kind was recently reported in the Medical Examiner, as having been witnessed by Dr. Raymond Harris, in Georgia. The patient was aged forty, and had not been previously subject to any displacement of the womb. In the course of labor, "something unusal having happened," Dr, H. was sent for, and found her lying upon her back, with the whole gravid uterus between her thighs, retained only by the ligaments, which were much stretched, but not ruptured, and discharging from its external surface a serous or sanious fluid. Though this condition of things had existed twenty-four hours, the woman experienced no pain. The uterus showed no disposition whatever to contract, and the orifice was open barely sufficiently to admit of the insertion of two fingers. Dr. H. deemed it necessary (for reasons which he does not state) to "afford her relief as soon as possible," and therefore he perforated the head; and while the uterus was supported by an assistant, he introduced his hand, and with careful traction succeeded in removing its contents. The patient complained very little of pain during this manipulation. He then returned the womb, which had scarcely contracted at all, and recommended the patient to remain in the recumbent position. She is said to have recovered perfectly.

Though your Committee is aware that it is, in most instances, difficult for those remote from the case under care to decide more wisely in reference to it than those who are present, and eye-witnesses to, and in some measure responsible for, what actually happens; and although it is not difficult to conceive that a recent accident, of the kind reported by Dr. Harris, entails more immediate suffering and risk of life, than when such disaster has been gradually brought about, or has existed as a chronic affection, by which the other viscera have become adapted to the malposition, and their functions less

certainly interrupted; yet the question presents itself, whether, in this case, the operation of embryulcia was strongly indicated, or even warranted,—since, from the history given, the patient experienced no pain, nor was the uterus disposed to contract; moreover, there is no proof that the child was not alive when the process of piercing its cranium was resorted to.

Dr. Thomas Williamson records, in the Northern Journal of Medicine, for September, 1845, a case of labor in a female, aged nineteen, in which the child presented one of its lower extremities through an oblique rent in the substance of the neck, anterior to the mouth of the womb. The history of this case has reminded your reporter of one communicated to him some time since, which was under the care of Drs. Lippincott and Allen, of Bucks county, Pennsylvania. The patient was twenty-four years old, and while in labor for the delivery of her first child, had the anterior portion of the neck of the womb ruptured, over the vertex of the child. In consequence of the occurrence of convulsions, these gentlemen deemed speedy delivery advisable; and after ineffectual attempts to cause the head to pass through the os uteri, they applied forceps and extracted the child through the rupture. Dr. Williamson was more fortunate, in being able to return the whole limb through the opening during a suspension of uterine action, and secured the safe delivery of a living child through the os uteri,—with what result to the mother, we have been unable to learn. In Dr. Lippincott's case, the woman recovered, though the child died during the existence of convulsions in the mother.

An interesting case of fatal intra-uterine hemorrhage, occurring at the full term of a thirteenth pregnancy, is to be found in the Bulletin of Medical Science, for January, 1845, quoted from the Medical Gazette. The patient had been well during the day, and retired to bed about 9, P. M. At 9½, she awoke her husband, and told him she felt pain and must get out of bed; in doing which, she staggered against a chest of drawers and fainted. At 6 o'clock next morning, she was found to be in an exhausted state, with pains, feeble and at long intervals. The os uteri was dilated; the presentation natural, the vertex being in the brim of the pelvis. She became weaker and weaker during the next two hours; respiration difficult; articulation low and indistinct: shortly afterwards she died. Upon exploration immediately after death, the membranes were found to be entire, and the condition of the os uteri and presentation of the head as above described. Forty hours after death, an autopsy was made. There had been no discharge per vaginam. On opening the abdomen, the uterus was observed to be very large, filling the whole cavity, and pressing the floating viscera strongly upwards and backwards. They were blanched, and the blood-vessels

appeared to be empty. On raising up the fundus of the uterus, an immense quantity of bloody fluid rushed from the vagina; and on cutting into the womb, (the walls of which were very thin,) we found that it contained more than two quarts of fluid and grumous blood, mixed with large coagula, which completely surrounded the child, enveloped in its membranes, with the head in the brim of the pelvis. The placenta was wholly detached from the uterus, but the place where it had been attached was evident enough, on the right side of the womb, below the fundus. This part was examined very closely, but nothing unusual in the appearance of it or of the placenta could be discovered. It is the opinion of Mr. W. Thompson, one of the surgeons who assisted in the autopsy, that the hemorrhage was caused by a partial detachment of the placenta about the time the patient first complained of pain and faintness, and that it continued until nearly all the blood in her body was poured into the cavity of the womb. He supposes, moreover, that the total detachment of the placenta might have been caused by the immense distension of the womb, and the pressure of such a quantity of blood between its parietes and the membranes.

Dr. West mentions, also, a case that fell under the notice of M. Loir, in which the symptoms of faintness, exhaustion, &c., occurred in the seventh month of pregnancy, and were almost unattended with uterine action. The os uteri was undilatable, and delivery was effected by incising it and extracting the child. The patient soon died; and on a postmortem examination, the placenta was found detached at its centre, by an immense effusion of blood between it and the uterus.

Though inversion of the uterus immediately after delivery is believed, by many, to be the result of improper traction upon the cord, yet there are cases on record, even of a recent date, which go far to establish the truth, that in some rare instances, this inversion is not necessarily the result of injudicious manipulation. Dr. S. Edwards, of Bath, has recorded a case in which he discovered the whole uterus inverted, with a portion of the placenta attached to it. Dr. E. says: It (the child) having been separated, I placed my hand upon the abdomen of the patient, and the uterus was found firmly contracted. The insertion of the cord into the placenta could not be felt, and, from the distended state of the vessels, I was convinced that the placenta was still attached. Seventeen minutes after the delivery of the child, a violent expulsory effort was made. Dr. E. was surprised to find, not only the placenta, but a mass of a very different texture, forced from the vulva. It was a large tumour, of pyriform shape, base downwards, and the size of a child's head six months old. From the part to which the placenta had been attached, "blood flowed in great violence," &c. Dr. E. promptly re-

duced the tumour, after completing the separation. (American Journal of Medical Sciences, July, 1845.)

Dr. Skae reports, in the Northern Journal of Medicine, for July, 1845, a case which came under his observation, of spontaneous or accidental inversion of the uterus, in connection with abortion, at the end of the fourth month of gestation. He was successful in reducing it twelve hours after, as he supposes, the accident had occurred. He attributes the inversion to a violent retching, which came on nine days after the expulsion of the ovum, during the whole of which time the woman had hemorrhage, which, Dr. S. thinks, so relaxed the walls of the uterus, that when the diaphragm and abdominal muscles contracted forcibly during the act of vomiting, they forced the fundus and body through the neck of the womb.

M. Senlen has excited labor prematurely 13 times in 7 women, in consequence of deformed pelvis; in 3 of these the deformity was produced by rickets, in 4 by malacosteon. Of the 13 labors in these 7 women, only 7 children were born alive, and 4 of these died very shortly after birth. The antero-posterior diameter of the pelvis in these women was 2 inches in one, $2\frac{1}{2}$ in another, $2\frac{3}{4}$ in another, and in the rest less than 3 inches. Labor was induced by puncturing the membranes, and, according to the contractions of the pelvis, was brought on from the twenty-ninth to the thirty-eighth week of pregnancy. The average period, however, was on the completion of the thirtieth week, or seven calendar months.

Although it is several years since Professor Hodge proposed that in some cases of malposition of the fœtus, rendering it necessary to effect version before delivery could be completed, instead of passing up the whole hand and part of the arm for the purpose of seizing the breech, knees, or feet, where the uterus very closely embraced the fœtus, the ends of the fingers of one hand might be applied to the opposite parts of the child, and by this means portion after portion of it gradually pushed up, till the pelvic extremity of the ellipse should be made to present at the os uteri; yet your reporter is not aware that precisely this method has been adopted by any one in actual practice. It appears, however, that in the course of the past year, Mr. Dalton had under his charge a case as above described, in which he passed the index and middle fingers of the right hand to the occipital protruberance of the child, and found that he could raise the head upwards and towards the left, in which position he succeeded in maintaining it, after the subsidence of the pain, by the use of the index finger of the left hand. He then pushed the head of the child still further up with the fingers of the right hand, supporting the trunk, during the pains, with the left; continuing to act during the remissions, he pressed successive portions of the spinal column towards the left ilium of the mother, till he caused the

breech to descend, thus removing every obstacle to the ready delivery of the child.

The idea of Dr. Hodge, and the practice of Mr. Dalton, being to take advantage of a disposition which sometimes exists in the uterus, to cause a reversal of the presentation, or spontaneous evolution of the fœtus, on which subject Dr. Douglass has, in the course of 1844, published the third edition of his original work; and in illustration of which the American Journal of Medical Sciences, for 1845, quotes a case as having occurred under the observation of Dr. Sussewind, viz.: A healthy woman, who had already had several children without difficulty of any kind, was taken in labor again, and besides the waters, lost a considerable quantity of blood. When seen first, the right upper extremity of the fœtus was found projecting from the external parts of the mother; the pains at this time had almost ceased, but on an attempt being made to introduce the hand and turn, they came on again, with such violence that the attendant was on the point of taking away some blood to moderate their force. The mother now said she felt the child advancing; and in fact, the right shoulder and collar bone were forced beyond the vulva; the lower extremities and buttocks were at the same time forced into the hollow of the sacrum, and by and by, the right ramus of the lower jaw came into sight, the shoulder and arm having receded. But little effort was necessary to disengage the breech, upon which the child was quickly born. It was dead. The placenta followed, and an hour afterwards the woman felt herself very comfortable.

In the London and Edinburg Monthly Journal of Medical Science, for February, 1845, are some important remarks by Professor Simpson, on the subject of acting on both limbs for version by the feet, in cases requiring that manipulation. Professor S. limits the necessity of searching for, and acting upon, both the pelvic extremities to cases of rupture of the uterus, certainly, and perhaps, also, to a few instances in which the neck and internal os uteri contract forcibly upon the limb which has been brought down. Under such circumstances, only, can it be necessary to re-introduce the hand, to bring down the other limb, and thus overcome the contraction by the wedge shape of the two limbs. This gentleman, moreover, very properly recommends the operator to seize and act upon a knee, rather than an ancle, as this renders the circle in which the movement is to be executed much smaller than if the foot were seized and unfolded. The same teacher has made a proposition, which he says is not to be found in any modern obstetric works, British or foreign, and which he deems of great moment for successful practice. It consists in seizing the foot or the knee of the side opposite to that presenting to the os uteri; for, in producing version in cases requiring it, we may and ought to effect two kinds of alteration in its position and figure. Thus we may bend or flex the body for-

ward upon the *transverse* axis of the trunk, and we rotate or turn the body (at the same time) round upon the *longitudinal* axis of the trunk. If we merely flex it, the operation of version will be one of difficulty; but if we both flex and rotate the trunk simultaneously, the operation will be one of comparative facility. By the adoption of this practice, Professor S. thinks that all the instructions by previous teachers, to remove the presenting arm or shoulder from the cervix uteri, in order to allow of more space for the part which is brought down and to produce the necessary evolution of the child, may be dispensed with. Some recommend the presenting part to be pushed up before we seize the feet; others advise the foot to be seized with one hand, and the presenting part to be pushed up with the other; others, again, direct that one or both feet be brought down and secured by a fillet, and then introduce the hand, for the purpose of pushing up the shoulder which had originally presented. Professor S. tells us that all these rules and complications are at once avoided by following the principles he has inculcated, of bringing down, whenever it is possible, the knee opposite to that of the presenting arm and shoulder. He regards the proposed increase of difficulty in accomplishing this to be more imaginary than real; inasmuch as, according to his statement, as the child lays folded up in utero, both knees are generally in juxta-position, lying upon the abdomen of the fœtus, near its umbilicus. If, therefore, says he, in passing your hand into the uterus, you insinuate it, as you ought to do, along the anterior surface of the thorax of the child, you come in contact with both knees at the same time; then, instead of hooking your finger or fingers into the flexure of the lower or nearer knee, you hook them into the flexure of the upper more distant or opposite one. Both are so far, in general, equally near, or equally distant, and you seize the one or the other, according as you take care to turn your finger, so as to hook it into the flexure of the lower or flexure of the upper knee.

While your reporter is ready to admit that there may be no disadvantage in securing only one foot or one knee, and while he is ready to acknowledge that it is better to bring down the upper of the two for the promotion of rotation as well as flexion, still he is not without great doubts but that there is always increased risk to the welfare of the mother in the adoption of any manœuvre which requires the rotation and doubling up of the hand, in such manner as to present a mass with a long transverse diameter, and particularly if it causes the application of the poidts of the fingers or the knuckles forcibly against the walls of the uterus. The experience of Dr. Robert Lee, and some other extensive observers, goes to show, that version of the child, far from being a trivial operation for the mother, is sufficiently often attended by rupture of the organ. And your reporter has been led to suspect that the points of the fingers, and the hand and knuckles, rendered prominent by the rotation and

duplication of the hand in utero, have had their share in the promotion of such fearful accidents.

The idea of exciting uterine contractions, in cases of atony of that organ, by electricity or galvanism, was announced by Ramsbotham several years since; but it was not probably until within the last year that the experiment was fairly tried by Dr. Radford, of Manchester, who says he is satisfied, from positive trial of the remedy, that it will be found a most important agent in tedious labors, depending on want of power in the uterus, and where no mechanical obstruction exists. Dr. R. thinks it may be useful in originating uterine action in cases in which it may be thought necessary to induce premature delivery. He recommends its trial in some cases of menorrhagia, in which, upon examination, the uterus is found to be atonic, as may be proved by its enlarged and flaccid condition, and by the patulous state of the os uteri.

Dr. Radford passes the brass ball of the vaginal conductor up to the os uteri, moves it about at intervals to various parts of this organ, and, at the same time, he applies the other conductor to the abdominal parietes over the fundus uteri. He says the electric or galvanic fluid may be passed through the uterus, also, by simultaneously applying the conductor on each side of the abdomen. The application should be made at intervals, so as to approximate in its effects, as much as possible, to the natural pains. It may be continued until it meets the exigencies of the case.

A case of puerperal convulsions, depending on irritation of the bladder, is detailed in the London Lancet, by Mr. Nines, Surgeon to the Reading Dispensary. (See Bell's Bulletin, August, 1845.) The patient was of a nervous temperament, spare habit, had enjoyed good health, and when advanced to the eighth month of her first pregnancy, was suddenly seized with convulsions. Sixteen ounces of blood were taken from her arm, and an aperient medicine ordered. Next day the whole cutaneous surface was livid, features were distorted, mouth covered with frothy mucus, upper extremities were œdematous. She had frequent convulsions of so violent a nature, that two persons were required to hold her. The action of her heart was tumultuous; pulse feeble, quick, and fluttering. In the course of the day, the child was expelled from the uterus, the mother still being in a state of perfect unconsciousness. Cold water was repeatedly dashed upon the face and neck; warm applications kept to the extremities; half a grain of acetate of morphia was given at once, and followed by a julep of camphor and sulphuric ether every four hours. The day after, her general appearance was more favorable; but she was still unconscious, and occasionally convulsed. She applied her hands to her head, which continued to be extremely hot. Her hair was removed, and leeches applied to her temples.

In the evening, very restless; heat of the head diminished, but unconsciousness continued. The lower part of the abdomen being greatly distended, a retention of urine was suspected. A catheter was at once introduced, and five and a half pints of turbid urine, having a strong ammoniacal odor, were drawn off. Her symptoms became speedily improved from this time; the catheterism continued to be necessary for some time, and anodynes, diuretics, and tonics were successively administered. (This case is supposed to be confirmatory of the views of Dr. Tyler Smith, in his observations on puerperal convulsions.)

Amongst the variety of causes of obstruction to parturition from morbid growths within the pelvis, a case is reported by Professor Meigs, a Fellow of this College, as having been seen and treated by him, in consultation with a physician near the city.

The patient was about thirty years old, mother of four children, all born by easy, natural labors, one of which lasted only two hours. In this latter instance, she had complained much of an unusual pain in the right side of the abdomen, and particularly in the right iliac region. Upon examination, a tumor was discovered occupying the cavity of the pelvis, and impeding the progress of the labor. The woman's pains were frequent and violent, and attended with the most excessive tenesmic effort at bearing down. Fifteen hours afterwards, the external parts were found to be in a relaxed state. The index finger used in touching was pressed towards the symphysis pubis by the tumour, which seemed nearly to fill up the pelvic cavity, and effectually to debar the head even from engaging in the superior strait, though the labor had continued nearly as long as mentioned.

The head could just conveniently be touched, and was found in the fourth position of the vertex presentation. The os uteri was fully dilated. The tumour was compressible, and by examination, per rectum, it was discovered to be in the peritoneal cul-de-sac, between the vagina and rectum, but distending that cul-de-sac enormously. The diagnosis could be nothing else, considering the softness of the swelling, than a vaginal enterocele, which, says Dr. Meigs, I immediately proceeded to reduce. The woman was placed upon her left side, with her knees drawn up; I introduced the fingers of the right hand into the passage, and pressed the ends of them against the lower part of the tumour. By keeping up the pressure a short time, during which I repeatedly exhorted the woman to be passive, and not to bear down at all, I could cause the whole mass of the swelling to rise up towards the back part of the superior strait. As the mass ascended, it grew smaller, till, on a sudden, the whole tumour slipped beyond the reach of the hand, and was lost. I announced this good fortune to the patient, and exhorted her not to bear down at all with the approaching pain, lest the

gut should again prolapse. The pains that ensued brought the head nearly through the superior strait, and partially rotated the vertex. The second pain rotated the head and propelled it into the perinæum. The third brought the vertex considerably beyond the pubic arch, and the fourth expelled a very large and healthy child. The placenta followed in a few minutes. (Medical Examiner. Bell's Bulletin, p. 366, Nov. 1844.)

In the course of last year, Dr. Pellegrini was called to visit a female, aged thirty, who had been delivered twice previously without difficulty. She was of delicate constitution, and of lymphatic temperament. When seen on the present occasion, she had been one entire day in labor, and the fœtal head had been several hours at the external orifice, without advancing. The uterine contractions had recurred with vigor, pushing before it a tumour, which, from being small at first, had gradually become as large as a fist. Dr. Pellegrini found that this tumour was the sole cause of the detention of the head; that it was hard, somewhat elastic, smooth on its surface, dark red in color, and pyriform in shape; it had a pedicle about the size of the finger, which passed deep under the pubic arch and was without pulsation. Dr. P. at first thought it was a polypus gorged with blood, in consequence of the strangulation of its pedicle between the head and the pubic bones. As it seemed impossible to push back the head, as is generally recommended, Dr. P. resolved to cut away the tumour. Upon reflecting, however, that its nature was unknown to him—that it might either be a vascular tumour, or a hernia of the vagina, he concluded to terminate the labor by means of forceps, and wait for subsequent examination to prove its character. Casting a ligature around this abnormal mass, he elevated it above the symphysis pubis, and then, without much difficulty, he terminated the labor by instruments as proposed. Immediately afterwards, the mass lost one-third of its bulk; and upon subsequent careful investigation, it was satisfactorily ascertained that the whole enlargement depended upon the varicose condition of the veins of the neck and anterior lip of the womb.

Dr. Hedrick, of Germany, has reported a case of doublets; which, during delivery, had their heads interlocked. The body of the first child, which presented the knees, had been delivered, and its head was retained by the second child, the head of which had descended with that of the first into the pelvis, which was very large. After some efforts by the accoucheur, (in a manner not described,) he succeeded in delivering both of the children. Though we do not see why this accident may not frequently occur in compound pregnancies, yet, so far as your reporter is aware, this is only the third instance of the kind known to the profession; one having been related by Velpeau, and the other by Professor Hodge, a Fellow of this College.

Though the spontaneous expulsion of the entire placenta before the extrusion of the child, has been noticed occasionally by different members of the profession, and although some practitioners, have, at times, in cases of placenta previa, detached the placenta with a view to allow the vessels of the uterus to become contracted, even before the expulsion of the child; yet the value of the practice seems not to have been made public, till within the last year or two. From recent European periodicals, it appears, that Professor Simpson, of Edinburg, Mr. Kinder Wood, and Dr. Radford, of Manchester, have each practised the plan of extracting the entire placenta before the child, in cases of implantation of this viscus over the orifice of the uterus.

The latter gentleman concludes, "that on a complete separation of the placenta, the hemorrhage is immediately and completely suppressed, provided the uterus is in a condition to contract, so far as to force down the head with the placenta upon the uterine openings. By this practice, it may be said, that the life of the child is sacrificed; but this will not always happen. We find from hospital and individual reports that the child is usually dead, where the case has been treated by the present recognized means.

"In nearly all the cases which I have collected and referred to in my paper, of the expulsion of the placenta by the natural efforts, we find that the mother recovered, and when this fortunate event did not happen, it depended upon the serious impression made upon the vital powers before the placenta was completely detached.

"It may also be stated, that uterine phlebitis takes place more frequently in cases of placenta previa, when the ordinary practice is adopted, than we observe in the same number of cases of accidental hemorrhage. This result, in Dr. Radford's opinion, arises from the contusions and slight lacerations which are consequent upon a forced delivery.

From these circumstances, Dr. Radford has been induced to recommend the following practice:—

1. Then as neither delivery nor detaching the placenta ought even to be attempted until the cervix and os uteri will safely allow the introduction of the hand, rest, the application of cold, and above all, the use of the plug must never be omitted in cases in which they are respectively required.

2. If there be unequivocal signs of the child's death, the placenta is to be completely detached, and the membranes ruptured. The case is then to be left to the natural efforts, provided there be sufficient uterine energy: if otherwise, the ordinary means are to be used, and if necessary, in addition, galvanism.

3. When a narrow pelvis exists, in connection with placenta previa, the practice is to detach the placenta, and to remove it, then to perforate the head as soon as the condition of the parts will allow, and to extract it by means of the crotchet.

4. When the os uteri is partially dilated and dilatable, so as to allow the easy introduction of the hand, when the membranes are ruptured, and strong uterine contraction exists, the practice is to detach the placenta completely.

5. In all cases of exhaustion, the practice is to draw off the liquor amnii, by perforating the placenta, to detach this organ completely, and then to apply galvanism.

6. In all cases of partial presentation of the placenta, the artificial rupture of the membranes will generally be found sufficient to arrest the hemorrhage; but if that should prove ineffectual, we must apply galvanism.

To the two principles of treatment hitherto pursued in the treatment of placental presentations, viz. that "which has been supposed to be chiefly applicable in partial presentation; the rupture of the membranes, and that which meets with more general approbation and has generally been considered indispensable in severe unavoidable hemorrhage, namely, turning, Professor Simpson, of Edinburg, proposes a third, viz:—the complete separation, and if necessary, the extraction of the placenta before the child. For the above remarks and for the following statistics upon which the professor bases his recommendation, we are indebted to the first number of "Rankin's Abstract."

Dr. Simpson displays the value of this mode of treatment, by a comparison of the mortality under it, and that which occurs under the usual method. It has been stated, that in unavoidable hemorrhage, treated by turning, the deaths are 1 to 3. Amongst 140 cases, tabulated by Dr. S. 10 were fatal, or 1 in 14. This therefore shows a striking preponderance in favor of the plan proposed, but favorable as it is in this point of view, it becomes still more so by an investigation of the circumstances attending the death of the 10 fatal cases; four of these died subsequent to delivery, so that they obviously did not die from the effects of the hemorrhage; and in three others, one died in consequence of the husband's brutality, and the two remaining, from causes unconnected with the placenta, so that in fact, in 141 cases, the mortality is reduced to three, or 1 in 47.

Dr. Simpson thus arranges the conclusions he has drawn from his investigation of this subject.

1. That the *complete* separation and expulsion of the placenta before the child, in cases of unavoidable hemorrhage, is not so rare an occurrence as accoucheurs generally appear to believe.

2. It is not by any means so serious and dangerous a complication as might, *à priori*, be expected.

3. In 19 out of the 20 cases in which it has happened, the attendant hemorrhage has been either at once altogether arrested, or it has become so much diminished, as not to be afterwards alarming.

4. The presence or absence of flooding, after the complete separation of the placenta, does not seem in any degree to be regulated

by the duration of time intervening between the detachment of the placenta and the birth of the child.

5. In ten cases only, out of 141, the mother died, after the complete expulsion or extraction of the placenta before the child.

6. In 7 of these 10 casualties, the death of the mother seemed to have no connection with the complete detachment of the placenta, or with the results arising directly from it, and if we do admit the three remaining cases, which are doubtful, they would still only constitute a mortality of 1 in 47 cases.

7. On the other hand, under the present established rules of practice, the deaths in placental presentation are as high as 1 in 3.

The American Journal of Medical Sciences, for July, 1845, quoting from the Provincial Medical and Surgical Journal, for February, 1845, says that Professor Simpson believes the data he has collected, now consisting of 135 cases, are ample enough to show—

1st. That the complete separation and removal of the placenta before the child, is very seldom followed by any great hemorrhage.

2d. That on the other hand, the previously existing hemorrhage, almost always ceases from the moment the placenta is *perfectly* and *completely* detached from its connections with the uterus.

3d. That the cessation of the hemorrhage is explicable, not on the idea that the descending head of the child acts as a plug or compress, upon the exposed orifices of the uterine sinuses, but on the mutual vascular economy of the uterus and placenta, and the circumstance, that the hemorrhage principally, comes from the partially detached surface of the latter.

4th. That the placenta may be, and ought to be detached from its connections with the uterus in some varieties of unavoidable hemorrhage, and that these varieties are, for the most part exactly those in which our present recognized methods of treatment, are most inapplicable and most unsuccessful.

5th. That under such circumstances, the practice would, in all probability, be attended with much saving of maternal life.

6th. That this treatment has been in repeated instances, accidentally followed with complete success, when had recourse to, by midwives and others, under supposed mismanagement, and in defiance of the established rules of treatment, in this special complication. And,

7h. In one very dangerous case, in which the previous hemorrhage was great, and continued in despite of the evacuation of the liquor amnii, and where the os uteri was imperfectly dilated, Prof. S. adopted as a matter of principle and choice, the plan of separating and extracting the placenta, with complete success, the flooding immediately ceasing, though the child was not expelled for about two hours, and the mother recovering without one bad symptom.

Notwithstanding, from the arrangements of the abdominal viscera

and the form of the uterus, during pregnancy, the fœtus in utero mostly presents, the cephalic or pelvic extremity of its ellipse to the os uteri, yet it appears, that in some women, there is a remarkable aptitude to deviations from either of these kinds of presentation. In confirmation of this, we find in the American Journal of Medical Sciences, that Professor Walter, of Dorpat, has recorded a case in which the shoulder presented in six consecutive labors, in the same woman. Upon attentive examination it was found that the only other anomaly in the case was an unusual width at the hips.

The same Journal notices a case reported by Mr. Gery of arm presentation in nine consecutive labors; and another reported by Dr. Lecluyse in which the arm presented in three consecutive labors. The uterus was observed to present an ellipsoid figure with its long axis corresponding to the hips. The width of the uterus, or its transverse diameter, was greater than its height.

Although it is a matter of common observation in cases of extra-uterine fœtation, in which the product of conception is retained beyond the usual period of utero-gestation, that the parturient effort is set up at or before the term of nine months from fecundation, yet the Medical Examiner for November, 1845, quotes a case from the British American Journal of Medical and Physical Sciences, recorded by Dr. McCulloch, in which fifteen months had elapsed from the last catamenial period, and about ten months from the time of quickening, without any symptom of parturition, though the abdominal enlargement and other symptoms left no doubt of the existence of pregnancy.

The lochial discharge has been very carefully examined by Scherer. He found that during the first day, it was of a brownish color, viscid, and formed no coagulum; but when it was collected in a vessel, it threw down a slimy deposite, consisting of normal blood corpuscles, with which a few broken up and partially dissolved corpuscles, together with mucous corpuscles, and epithelium scales were interspersed. The supernatant serum was clear and yellow, and the microscope revealed in it a large amount of fat vesicles; it was devoid of odor, perfectly neutral, and contained in 1000 parts, 740 of water, and 260 of solid constituents.

On the second day there were still blood corpuscles, but they were fewer and less perfect, most of them being irregular and indented at the edges. There were mucous corpuscles and epithelium scales, but in less number than on the preceding day. The fluid still deposited a viscid sediment, but the serum was more highly colored than on the previous day. The re-action was neutral—there was a faint odor—1000 parts consisted of 812.2 parts of water, 187.8 of solid constituents. This latter, on incineration yielded 9.35 of alkaline ferriginous ash.

On the third day the secretion resembled arterial blood. The blood corpuscles were for the most part perfect, and normal mucous corpuscles were observed. In 1000 parts there were, water, 760; solid constituents, 240; the ash amounted to 12.2. There was an appreciable quantity of fibrin in this day's secretion, arising possibly from a slight hemorrhagic effusion.

On the fourth day, the secretion was of a dirty brown color, the corpuscles were more or less injured, and there was a distinct odor of ammonia; there were numerous mucous corpuscles but no epithelium; 1000 parts yielded 191 of solid residue and 9.5 of alkaline salts.

On the fifth day, the discharge was of a greenish yellow color. It contained very few blood corpuscles, most of which were more or less injured; but numerous mucous corpuscles arranged in groups of 5—10 together. The re-action of the fluid was alkaline, there was a strong odor of ammonia, and 1000 parts yielded 9.35 of solid residue.

On the sixth day, the fluid was of a brown color, smelled like putrid cheese and developed ammonia freely—1000 parts contained 76 of solid residue. (See further Rankin's Abstract, 322, &c.)

As a circumstance, which however curious and interesting in itself, but which has not attracted the attention of the profession at large, and certainly not to an extent, to elicit much investigation in this country, your Committee deem it proper to state, that M. Ducrest some time since announced that he had discovered a bony production on the internal surface of the crania of women who had died in child-bed, and further that a similar observation had been made by Rokitansky, of Vienna. In the autopsies, of 1465 women who died in child-bed in the Midwifery Hospital at Vienna, during ten years, ending in 1837, 1221 of these victims of puerperal fever in all its various forms, presented a thin osseous deposit on the internal surface of the cranium, mostly of the parietal and frontal bones, and generally towards the basis. Rokitansky's opinion is, that this new deposit of osseous matter within the cranium is not connected with puerperal fever, but occurs during utero-gestation, under particular circumstances, not yet defined, for he has met with it in pregnant women, who have died suddenly from an accidental cause, before, during, or soon after delivery. (American Journal of Medical Sciences, October, 1844.)

In February of the past year, Dr. Hamel presented, to the French Academy of Medicine, a memoir on the development of adipose matter in the umbilical cord, to such extent as, by pressure on the vessels, to interrupt the circulation of blood in them, and thus destroy the fœtus. He says, that this fatal accident occurs principally in women who, from a state of great attenuation, suddenly acquire,

under the influence of pregnancy, *enbonpoint.* especially if they live generously and take but little exercise. It is rarely met with in women who are subject to the privations of poverty, and are confined to a vegetable regimen. Fœtuses subject to this great obesity of the cord, usually die between the sixth and eighth month of intrauterine existence. Their death is announced by a sensation of uneasiness, occasional syncope, of the mother, and the gradual cessation of fœtal movements. The breasts become flaccid, the abdominal tumour somewhat subsides, and hypogastric pains are experienced, as in abortion from other causes.

In Braithwaite's Retrospect, for the last half of the year 1844, will be found a recommendation for injecting the cavity of the uterus with warm water, in some cases when, from exhaustion, the mother is unable to complete delivery. The experiment was first successfully tried upon a cow, and subsequently, with apparently equally good results, in two cases of human parturition. The communication states, that in the first of these, nothing but the long forceps could have effected the delivery of the sufferer; and in the other, turning and delivery by the feet would have been indispensable to save the patient's life. In both cases, the injection of about a quart of tepid water was attended with complete success; the patients were both delivered of living children by the natural efforts, without the occurrence of any unfavorable symptoms. The instrument employed in the case of the cow was an ordinary stomach tube, attached to Read's patent syringe.

Though some obstetric physiologists, as Naegele and Stolz, viewing the interior of the uterus as a mucous and not serous membrane, and considering that the dense structure of the womb, would prevent its expansion by fluids if secreted into it, deny the possibility of uterine dropsy, except in connection with pregnancy,—yet Lisfranc gives a detailed account of two cases of hydrometer, in neither of which pregnancy existed. (American Journal of Medical Sciences, for January, 1845, from British and Foreign Medical Review, for 1844.)

Besides this, while Lisfranc concurs with most writers, that the *hydatides en grappe* is always the result of conception, yet he entertains the notion that true hydatids may exist in the virgin uterus, and, in confirmation of this opinion, he refers to a case in point recorded by Percy.

On the subject of some morbid growths within the cavity of the uterus, deriving their nourishment apparently in the same manner as well formed ova, Lisfranc declares that in his dissections he not only has met with instances in which the embryo has become atrophied, or has disappeared entirely, while the placenta has gone on

increasing in size and becoming altered in its structure, thus confirming the ideas of Mad. Boivin and some others,—but he is also convinced that moles may be formed independently of conception or of sexual intercourse, since he has seen females, who have long been afflicted with menorrhagia, subsequently void moles; and in still stronger support of this opinion, he discovered a mole in the uterus of a girl who died from the consequences of imperforate vagina. We believe this idea is further sustained by the fact, that your reporter has in his possession a mass, pronounced, by obstetric practitioners of extensive reputation, to be a mole, several characteristics of which it possesses very decidedly, though it was thrown from the cavity of a uterus five days after parturition, the patient having experienced so severe a hemorrhage upon the discharge of the placenta, that frictions, compression, ergot in wine and in substance were freely administered, to excite the necessary contractions of the uterus to ensure safety to the woman's life. We are ourselves persuaded, that in many instances of menorrhagia, when the blood has not free egress from the cavity of the uterus, into which it is poured, the coagula, receiving the impression of powerful contractions of the uterus, has its serum and some of its red globules forced from it, thus leaving the fibrine to assume an organic character, susceptible, perhaps, in some instances, of deriv ing nourishment, by imbibition, from the walls of the uterus.

A case of mammary abscess is mentioned by Mr. Phillips as having occurred in a patient in the Westminster Hospital, when advanced only to the fifth month of pregnancy. It opened spontaneously in a number of places, and discharged a large quantity of pus.

A similar case occurred under the observation of your reporter, in a patient who had completed the seventh month of gestation. Numerous openings took place spontaneously, and under a nutricious diet had nearly healed, when her child was born, at the completion of her term. Mr. Phillips highly commends the use of pressure upon the walls of the abscess after its cavity has been evacuated. His plan is to use long straps of soap plaster, so that a firm hold may be obtained upon the adjacent skin, and over all this he applies a bandage. Our own experience, in the treatment of these often troublesome affections, may be less than his, but we have rarely succeeded to satisfaction when the breast is secreting milk after the birth of the child.

In the Northern Journal of Medicine, for January, 1845, may be found a recommendation by Dr. Alexander Wood, for the abstraction of all the pus from a mammary abscess by means of an air pump, and then exciting adhesive inflammation, or the rapid formation of granulations, by injecting some astringent fluid into its cavity. His recommendation is based upon success in the three cases in which he tried it.

Dr. Wood proposes, that as soon as the indistinct fluctuation, or rather the boggy feeling, by which the formation of matter in these abscesses can be detected, is distinctly ascertained, a small bistoury or abscess lancet, (as the common lancet will sometimes not penetrate deep enough) be carried down until the matter begins to escape. After all that can be squeezed out by the pressure is removed, the breast pump is applied over the orifice, and the rest of the matter thus drawn out. The sinus is then to be injected with some astringent solution, by means of a small syringe. The lotion used by Dr. Wood is that recommended by Mr. Hey, though this gentleman is doubtful whether it possesses any peculiar advantages. ℞. Sulph. zinc, ʒss. water, ʒxv. spirit of rosemary, ʒi. compound spirits of lavender, ʒi. mix for lotion. He thinks the sulphuric acid lotion of Sir Astley Cooper will answer equally well. The lotion is to be applied outside, on a pledget of lint, covered with oiled silk, over this a compress is placed and maintained firmly by adhesive plaster. He says that in some cases the walls of the abscess will unite at once, and the surrounding induration will be resolved spontaneously in time, or it may perhaps be aided by frictions with camphor liniment, mercurial or iodine ointment, or the plaster of gum ammoniac with mercury. (Braithwaite Retrospect, No 11, page 170.)

Dr. Bell, in the Bulletin of Medical Science, May, 1845, extracts from the Dublin Journal, the following method of ascertaining before accouchement whether the mother will have sufficient milk.

"Donné brings forward the following propositions with the greatest confidence in their truth, and after having tested them by a very considerable experience.

"Pregnant women, considered in the relation of the secretion of colostrum, during the last months of gestation, may be distributed into three classes:—

"1st. Those in whom this secretion is, so to say, absent, and from whom it is impossible to obtain, by a regulated pressure, more than a drop or half a drop of a liquid, presenting to the microscope, some few milky globules, with granular bodies swimming in a troubled or viscid liquid.

"2d. Those in whom the secretion is more abundant, and from whom there can be drawn with facility, a fourth or half glass of colostrum, offering the following characters to the microscope: milky globules few, and of a middle size, or numerous and very small; these globules, sometimes badly formed, swim in a liquid of little density; they are mixed with a certain number of granular bodies, and sometimes we find at the same time mucous globules.

"3d. The third class comprehends those women, in whom the secretion of the mammary gland is not only abundant, but in whom it is also rich in globules of a good size, being for the most part 1-100th to 1-30th of a millimetre, or even more in diameter; they

are well formed, and nearly as regular as in perfect milk; it presents likewise, the oily drops, granular bodies, &c. of the colostrum.

"Now if the first kind of colostrum exist before birth, you may be sure that the milk, subsequently, will be serous, poor and insufficient for the nourishment of the child.

"In the second category, also, the milk, after accouchment, may be very abundant, but it will be poor and serous. The third kind of colostrum, however, indicates always a milk equally rich and abundant in quantity."

The Edinburg Monthly Journal for April, 1845, quotes from Dr. Ashwell's work on diseases peculiar to females, some observations from that author, of special interest to the obstetric practitioner. Many of the consequences of undue lactation are to be met with in the range of business of the general practitioner, but the author of the book referred to, having had enlarged opportunities growing out of an extensive hospital and private practice amongst females, has been able to give a condensed view of the subject, well worthy the attentive perusal of all engaged in the exercise of the healing art. He says "functional amaurosis, accompanied by congestion of the conjunctiva is a very frequent result of excessive lactation, and seldom fails from its interference with the sight to arouse the patient's fears lest vision should be entirely and permanently lost."

Rapidly returning pregnancy, has been productive of equally severe consequences. I have, says Ashwell, known several instances, where during a pregnancy immediately succeeding the exhaustion from over nursing, the eye has been almost constantly blood-shot, and the sight excessively imperfect. Specks and slight ulcerations of the cornea are occasionally connected with the exhaustion and irritability of nursing. One case of each description alluded to has occurred under the observation of your reporter, during the past year. Dr. Ashwell considers that, in a great number of the cases, provided there be no serious organic lesion, the patient may be encouraged to expect to be restored, provided she abandon nursing, live easily, take nutritious diet, iron and quinine, pass much time in the open air, in the country, or by the sea side, though in some instances he acknowledges it may be necessary that she abstain from the use of her sight, and apply small blisters near the eyes. He also mentions some cases of jactitation, and a twitching, almost universal, throughout the extremities but especially about the face, dependant upon the same cause.

Epilepsy and insanity, the latter sometimes acute and well marked, though mostly of a mild kind, have both been observed by him as the consequences of undue lactation. His opinion of the pathology of these functional results of undue nursing, is that it consists in an attenuated and impaired condition of the blood, and a

consequently depressed state of the nervous system, especially of the organic system of nerves.

Dr. Huston, referring to that portion of Dr. Warrington's report, in which notice is taken of the recent discussions in regard to the proper treatment of placenta previa, stated that a case of this kind had lately fallen under his notice. The patient had been flooding for a week; when seen by Dr. Huston, she had become completely exhausted; she was almost pulseless, with cold surface and extremities. No wine being at hand, she was directed a portion of brandy and water, and sinapisms were applied to her extremities. On examination, per vaginam, the placenta was found presenting and protruding through the os tincæ. Dr. Huston separated the attachments of the placenta by rapidly sweeping his finger around the internal edge of the os uteri—a scruple of ergot was then administered—expulsatory pains came on, and the head of the child, which was dead, was extruded, completely enveloped in the placenta. But very little blood was lost subsequent to the separation of the placenta.

Dr. Huston has seen cases where the placenta, implanted over the mouth of the uterus, was separated on one side, and the hand introduced to turn the child, when the hemorrhage immediately ceased. He does not, however, believe that it is proper to separate or deliver the placenta before the child, in all cases in which it presents, even when the os uteri is soft and dilatable.

Stated Meeting, March 3d, 1846.

Dr. Hewson, President, in the Chair.

Present, seventeen members.

The Library Committee reported that they had received through Dr. Sharpless, as a donation to the Library, The Report of a Committee of the British Parliament on the Vaccine Board, with the minutes of evidence. Folio.

Dr. Moore presented and read the Annual Report on Meteorology and Epidemics, as follows:—

During the labours in which your committee have been engaged, they have occasionally felt the want of information to be derived from the records of former seasons. They beg leave therefore to suggest, that measures be taken, whereby the College may have in its archives, the Bills of Mortality from the earliest period of their publication. To those who may follow in examining the state of the atmosphere in connection with certain Epidemics, the access to a regular series of Meteorogical Observations, will likewise be desirable. Should the College deem it advisable to procure such a series of a date prior to the appointment of the Committee, to whom, of late, this duty has been assigned, it might be accomplished at no great expense.

State of the Weather.

In *January* the weather was mild, and though the sky was not often overcast, a cloudless day was rarely observed. The greatest degree of cold was on the 19th, when the thermometer ranged from 19° to 27°. There was likewise continual frost during the succeeding day, and also on the two last days in the month. With these exceptions ice did not form in the middle of the day. The extremes of temperature noticed were 58° and 19° and the mean degree of heat was 37°. Eleven observations indicated the wind as coming from the N. of E.; in five it was from the S. of E., in fifteen it blew from the S. of W., and in twenty-two it was from the N. of W. The number of cloudless days were three. There were eight cloudy days, and twenty were variable with occasional sun-shine. It rained on five days, and on the like number snow fell. The water collected from the rain and melted snow measured 3.76 inches. The mercury in the barometer ranged from 29.4 inches to 30.4 inches.

February, during the first ten days, presented the appearance of uninterrupted frost, except on the 4th. On that day it barely froze in the morning, and in the middle of the day the thermometer rose to 39°. The lowest temperature observed, was on the 2d, when in the morning the thermometer was at 11°, and at noon it did not rise higher than 21°. The mean temperature for this portion of the month was 22°. On one occasion the wind was observed to come from the N. of E., and on another from the S. of E. In fifteen observations the wind blew from the N. of W., with three days of cloudless sky, while on five days the weather was variable. Rain fell on the 4th, preceded by about three inches of snow, and on the succeeding morning two inches more of snow were measured. For the next ten days the temperature in the morning was barely below the freezing point, with the exception, however, of the 13th and 14th, when it froze all day. The mean temperature from the 11th to the 21st inclusive, was 35°. Rain fell on the 12th and 16th. Five inches of snow were measured on the morning of the 14th. During the remainder of the month, the extremes of temperature observed in the

morning were 34° and 52°. At mid-day 42° and 64°, indicate the temperature observed in that portion of the day. Rain fell on the 23d, which measured 1.59 inches. Frogs, the harbingers of spring, were heard on the 24th. Before the close of the month, the blue-birds made their appearance. The number of clear days were nine; fifteen days were variable, and four were cloudy. Rain was recorded on four days, and on the like number there was snow, in all, measuring by the rain guage, 4.74 inches. The range of the barometer was from 29. inches to 30.3 inches.

March presented a continuance of the genial warmth observed during the week, which closed the preceding month. In the morning, until the 16th, the thermometer was *never* below 34°, and the mean temperature before sunrise was 36°. In the middle of the day, the extremes were 40° and 68°, and the mean degree of heat was 55°. During the first week, many trees and shrubs had assumed a tint of green, and the maples were in blossom, as early as the 4th of the month. The apricot tree was seen covered with blossoms, many of them perfectly developed, on the 8th. The tree stood against a south wall, situate on the Indian Queen lane in Germantown. As the farther indication of an early spring, shad were caught in the Delaware on the 7th. During this period, the wind was observed to come as often from the North as the South. On the 16th, 17th, 19th, and 26th in the morning, the thermometer was below the freezing point. On the 19th, the thermometer ranged from 28° to 34°. On the morning of the 20th, the temperature was 27°. The effects of the frost were visible on the tender foliage prematurely developed by the previous warmth. The willows and the rose-bushes, instead of their late bright verdure, now presented a dark and melancholy hue. Hail fell on the morning of the 18th, and there was a sprinkling of snow in the forenoon of the succeeding day. After the 22d, there was no frost. Twice at noon the thermometer rose to 75°; the sky was hazy and the air very dry. The mercury in the barometer ranged from 29.3 inches to 30.3 during the month. The rain and melted snow measured 2.47 inches.

April is proverbially a variable month; the vicissitudes, however, were less remarkable than those usually characterizing the season. During the first week, there was no ice observed within the well built portions of the city. Snow fell on the morning of the 6th. and likewise of the 8th. On the latter day, thin ice was seen, and on the 9th the thermometer sunk to 29° before sunrise. After this date a more general warmth prevailed, the thermometer ranging from 36° to 60° in the morning, and in the middle of the day from 47° to 75°. The mean temperature for the month was 52°, and the greatest diurnal range was 26°; the thermometer on the 15th having risen from 44° to 70°. On the 13th, also, it ranged from 46° to 72°. Northerly winds prevailed, inclining more frequently from the West than the East. There were five cloudless days. Rain was noticed

on five days, and snow, as already mentioned, on two. The rain and melted snow measured 2.88 inches. This may be considered as an average quantity for April. When it did not rain there was an extraordinary evaporation; the ground became very dry and vegetation advanced very slowly.

In *May*, during the first fourteen days, the weather was mild and seasonable; the mean temperature rather exceeded 62°. In the morning, the thermometer varied from 43° to 66°, and in the middle of the day from 67° to 80°; S. W. winds prevailed. Only two cloudy days were observed. Light showers were noticed on four days; the quantity of rain collected did not, however, exceed half an inch. From this period, Northerly winds were more frequently observed, the sky was more often overcast, and on seven days there were small showers, affording rather more than an inch of rain. From the 20th until the close of the month, the vicissitudes were very great. The lowest degree of temperature observed was 40, this was on the 30th, at the same hour of the preceding day it was at 67°. On the 28th the range of the thermometer had been from 61° to 83°. During this portion of the month, embracing a period of eleven days, Northerly and Southerly winds were equally balanced; the sky was never completely cloudy and not a drop of rain was observed. The deficiency of moisture was not supplied by morning dews. The rain collected did not exceed 1.60 inch. The mercury in the barometer ranged from 29.6 inches to 30.3 inches.

June was marked by great vicissitudes of temperature, and extreme dryness of the air, in the interval between the showers with which the earth was occasionally, yet imperfectly, refreshed. The lowest degree of heat observed in the morning, was 49°; this was on the 1st of the month. At the corresponding hours of the 9th, the temperature was 72°. The warmest morning was that of the 25th, the thermometer standing at 73°. The highest temperature observed at mid-day was 93°, this was noticed on the 9th of the month. At the same hour of the 30th, the thermometer did not rise above 60°. The dryness may be explained by the prevalence of Westerly winds and the extraordinary vicissitudes of temperature seemed to depend on the alternation of Northerly and Southerly winds. There were but two cloudless days. The light showers which fell on eleven days afforded 3.48 of rain. The range of the barometer was from 29.7 inches to 30.2 inches.

July presented, particularly during the portion terminating with the 22d, a continued series of warm weather. The hottest period was from the 12th to the 18th inclusive, when the thermometer, in the morning, ranged from 71° to 78°, and in the middle of the day it rose to 91° and 96°, a degree of heat rarely experienced in Philadelphia, and surpassed only by what was observed in 1825 and 1838. Not a drop of rain fell during these three weeks, and the wind

generally blew from the S. of W. The observations for the entire month indicate a mean temperature of 76°. Twice the thermometer rose to 96°, to-wit, on the 13th and 14th. On the morning of the 25th the thermometer was at 59°. From the rising to the setting of the sun, on no day was the sky ever completely covered with clouds. In four observations the wind blew from the N. of E. and as many times it came from the S. of E. In twenty-six observations, the wind was from the S. of W. and in twenty-eight it was noticed coming from the N. of W. Towards the close of the month, there were occasionally small showers, barely serving to lay the dust. On the 30th, the rain which fell measured 1.28 inches. The total amount collected during the month, was 2.67 inches. The mercury in the barometer ranged from 29.5 inches to 31.2.

In *August*, there was a continuance of moderate and wet weather, but without the heavy showers of rain so frequently observed in this portion of the summer. The highest temperature noticed at mid-day was 87°, and the lowest was 72°. In the morning before sunrise, the thermometer was on the 1st as low as 60°, and on the 23d and 27th, the heat noticed was 75°. The mean temperature at mid-day during the month was 79°, and in the morning it was 79°. For the entire month the mean temperature was 75°. There was but one cloudless day, and for seven days the sun was not visible. On thirteen days it rained; the water collected exceeded seven inches. The wind was variable and not predominating from any point of the compass. The barometer ranged from 29.5 inches to 30.2.

In *September* there was an unusual succession of fine moderate weather. Westerly winds prevailed; forty-two observations indicated it as blowing from that quarter; but from the North and South no difference was observed. For two days only was the sky without a cloud. A variable sky prevailed for twenty-five days. On only three, the cheering aspect of the sun was not seen. Rain fell on nine days, generally, in light showers, barely sufficient to lay the dust. The rain measured a small fraction more than seven inches. The highest temperature observed at mid-day was 82°, and the lowest was 58°. In the morning the extremes were 47° and 72°. The mean degree of heat throughout the month was 67°. The range of the barometer was from 29.5 to 30.2.

October, up to the 13th, presented a series of warm, moist weather, with a prevalence of Southerly winds. In the morning the thermometer ranged from 52° to 72°; the latter was observed on the 12th, the last day in which any rain fell. In the middle of the day the heat varied from 62° to 79°, giving a mean temperature of 70° for the warmest part of the day. During the portion of the month above noticed, there were only two days in which the sky was completely veiled in clouds, while frost was observed on the 16th, and the two succeeding days. In the mornings of the 22d

and 23d, ice was seen within the limits of the city. From the 21st, there was a succession of cloudless weather accompanied by that peculiar haziness which characterizes the Indian summer. After the 12th, the mean temperature in the morning was 45°. The lowest degree of heat noticed was 31°, which was on the 21st. Taking the whole month, 59° constituted the mean temperature for October. Westerly and Northerly winds prevailed. The mercury in the barometer ranged from 29.5 inches to 30.5 inches. The rain measured 2.65 inches.

November, for more than three weeks, could hardly be surpassed in the mild and agreeable character of the weather. No frost was observed before the 24th of the month. Up to that day the mornings presented a temperature varying from 34° to 56°; the average heat was about 44°. The mean temperature at noon, was 54° the extremes observed in this portion of the day, were 46° and 68. The prevailing wind was from the West, with a more frequent direction from the North than the South. Abundant rain fell on the 3d, the earth was refreshed and the vegetation was luxuriant. On the 24th it froze all day. The 29th was very cold, the thermometer was as low as 20° before sunrise, and in the middle of the day it rose no higher than 28°. About an inch of snow fell on the morning of the 30th; but towards noon this was melted by the rain which came in rather heavy showers. The rain guage gave 2.31 inches of water collected from the rain and melted snow. The barometer ranged from 29.3 inches to 30.4 inches.

December showed no abatement of the degree of cold observed during the last week of the preceding month; throughout it fully sustained all the rigorous character of winter. The mean temperature in the morning was 4° below the freezing point, and the extremes before sunrise, were 12° and 39°; at mid-day the mean temperature was 32°, while the extremes were 20° and 40°. The greatest diurnal variation was 12°, and the average range of the thermometer was 6°. Seven observations indicated that the winds came from the South on these occasions; only once was the wind from the East of that quarter. In thirty-six observations the wind blew from the N. of W., and in sixteen, the wind was N. of E. About two inches of snow fell on the 24th; the rain and melted snow measured 3.48 inches. The barometer varied from 29.5 inches to 30.4 inches.

Prevailing Diseases.—Early in January, a fever of peculiar form, was frequently observed. The invasion was without any premonition, the patient being suddenly seized with severe rigors. The period of attack varied considerably. In one instance, the rigors, and of great severity, came on in the middle of the night. The extremities were cold, and the natural temperature was with difficulty restored by the ordinary artificial means. The patient often continued

in this state for two or three hours. Excruciating pain, sometimes referred to the side of the neck, often represented as shifting to the back and limbs, accompanied this stage of the disease. Before the rigors subsided, anorexia, nausea, and occasionally, vomiting, were symptoms which attracted attention. The matters ejected from the stomach were green, bitter, and more or less mixed with the food taken at the last meal. As the rigors abated, the skin became warm, and the face flushed. At this period, the pulse at the wrist exceeded the natural standard by twenty or thirty strokes in the minute, being at the same time soft and full. The tongue was observed to be furred, yet the thirst was not urgent. The urine was limpid, and the bowels were generally confined. In some instances the disease was strictly ephemeral; but more frequently the indisposition lasted for three days. The crisis seemed to follow free and copious perspiration, often advantageously promoted by the exhibition of emetics, especially indicated when nausea was present, and in the forming stage of the disease. At a later period, full diaphoresis was often induced by the administration of two or three grains of the compound powder of ipecac. and opium. This remedy was particularly called for when the pain continued after bleeding had been employed. The pain so frequently experienced in the side, generally aggravated by motion, and sensibly increased by pressure, yielded most readily to blisters applied over the affected part. When all indisposition had subsided, a sense of burning and itching was experienced at the angles of the mouth and along the borders of the lips; soon followed by slight elevations, the base being inflamed, and the apex containing a limpid fluid. In the course of a few days these psydracious elevations became dry, and were converted into brownish crusts, which remained for a week or more. The disease was, for the most part, unaccompanied by cough or the phenomena of ordinary catarrh. Persons who had been confined to the house, and some who had not left their chambers, were affected with this complaint.

According to the list of interments, other forms of fever, as typhus and typhoid, prevailed at this period, and during other portions of the year; but from the want of direct observation no farther information can be given.

In June fevers of a remittent character became common. Some persons were suddenly seized with chills and rigors, which were soon succeeded by nausea, and vomiting of yellow bile. The skin became hot and dry. The pulse was observed to be frequent and full. The tongue was covered with a thick white fur, resembling a coat of white-wash. Many of the sick were affected with severe headache, referred most generally to the forehead. Some complained of pain and stiffness in the eye-balls attended with intolerance of light. Pains in the loins and limbs were frequently mentioned as the principal sources of uneasiness. These were sometimes supposed to be rheumatic. The urine was high coloured, occasionally afford

ing a rose-colored sediment. The stools were dark, and emitting a very offensive odour. After a restless night, some mitigation of the symptoms occurred in the morning. Towards noon there was an exacerbation of fever. The disease rarely continued beyond a week, and the termination was generally marked by profuse perspiration; after which the appetite returned and the strength was gradually restored.

In July and August the disease was of more frequent occurrence, retaining the remittent character for about a week, when distinct apyrexia was observed without any obvious critical evacuations. The fever now assumed the intermittent form, the paroxysms generally recurring every other day. During the intermission, by the faithful administration of the sulphate of quinia a third paroxysm was generally prevented. Some persons became jaundiced, though they had been freely purged at the commencement of the disease. In these the stools were dark and fetid: the urine was high colored, turbid, and afforded a lateritious deposit: the tongue was heavily coated: there was loss of appetite and the strength was greatly prostrated. To relieve the morbid condition, a course of blue pill or the mild chloride of mercury, exhibited at bed-time, and free purging with the sulphate of magnesia or the tartrate of soda and potassa, seemed to be indicated. The benefit was, however, slow. In some instances, to the jaundice, ascites and anasarca were superadded, rendering the treatment still more difficult. Where the quinine failed to arrest the paroxysms of fever, this object was obtained by the combination of the sulphate of zinc, gr. ij., capsicum, gr. ij., extract of gentian or hyosciamus, gr. j., administered every two hours during the apyrexia. In some obstinate cases, mercury was exhibited, so as to excite ptyalism, without preventing the recurrence of the febrile paroxysms. The febrifuge powers of the sulphate of quinia seemed to be greatly assisted by the application of blisters, so as to make a sensible impression in anticipation of the expected paroxysm.

Not having seen any fatal cases, the relative mortality cannot be ascertained. The list of interments, as published by the Board of Health, contains the following number of deaths. In June, 1; July, 8; August, 7 ; September, 11 ; Total, 27.

Until the beginning of April, acute affections of the lungs were of less frequent occurrence than usual, for the season of the year. In this month, several persons, who had arrived at adult age, complained of great oppression in the breathing, accompanied, occasionally, by a sense of suffocation. Often there was pain and a sense of stricture experienced about the glottis. The paroxysms of coughing were severe, continued, and attended by a feeling of laceration. The cough was hoarse, and the breathing stridulous. In the early stage of the complaint, especially if any febrile excitement prevailed, relief was afforded by bleeding, emetics, and warm pediluvia. To these remedies, it often became necessary to add blisters, applied in the

course of the sternum. In elderly persons, the accumulation of mucus in the bronchial cells, constituted an additional source of distress. In such cases, the most advantage was derived from unloading the lungs by the exhibition of mild emetics, as ipecacuanha, mustard, and the chloride of sodium. After such measures had been adopted, the re-accumulation of mucus appeared to be prevented by the administration of creasote, and the warm gums, as myrrh and assafœtida.

In former reports, the frequent recurrence of pneumonic affections throughout the different seasons has been noticed, the present year affords no exception to the remark.

Eruptive diseases were the objects of attention early in January. Of these, the most prominent was scarlatina, a continuance of the epidemic observed, with but slight intermissions, for a series of years. The disease prevailed extensively, but generally it assumed the mild form, commonly designated as scarlatina simplex. In some instances the efflorescence was so faint, and the attendant indisposition so little complained of, as to render the nature of the disease very obscure and equivocal. The acid character of the urine, and the duration of the affection of the skin for five days, seemed to establish the diagnosis, often confirmed by the appearance of unequivocal scarlatina in other members of the family. Though the majority of the cases were mild and rarely the subject of solicitude, the records of the Board of Health exhibit a considerable number of deaths from this malady, in all one hundred and ninety-nine. In January, the greatest mortality was observed, the disease having proved fatal to thirty-two persons. In September, only three deaths were recorded. Swellings of the tonsils and of the submaxillary glands have been noticed by medical writers, as prevailing during the period of epidemic scarlatina. Enlargement of the tonsils, both acute and chronic, were frequently observed; but the cases, which came under our notice, we are inclined to ascribe to the more ordinary causes. The chronic hypertrophy of the tonsils, aggravated, perhaps, by cold or other exciting causes, was greatly benefited by the topical application of the nitrate of silver in the solid form. This treatment was not adopted in the acute form, the inflammation being advanced, and threatening suppuration before the cases came under notice.

In the report presented for 1844, the rare occurrence of measles was particularly noticed. In that year, the record of the interments within the city and liberties, indicated only three deaths from that disease. Early in January, embraced in the present report, measles was of frequent occurrence; but during the month the disease does not appear to have been in any instance fatal. In February, the cases were more numerous, though generally mild and rarely exciting any apprehension respecting the issue. For four or five days, some degree of fever, a dry cough, and slight redness of the eyes, accompanied by a flow of tears, generally preceded the eruption. During the first day of the eruption, the trunk and limbs

were in some instances covered with stigmates of a bright rose-colour, and distinctly papular. The appearance was more particularly observed in persons about the age of puberty. More frequently, papulæ, distributed in faint, crescentive patches, were first observed on the cheeks and chin, and a little later, perhaps, on the succeeding days, the trunk and limbs became covered with a similar eruption. A dry husky cough, with redness of the eyes, continued until the eruption had disappeared. Rarely, after this event, was any cough observed. Inflammation of the lungs to any alarming extent was certainly of rare occurrence. A bland and cooling regimen was exceedingly grateful, and in the majority of instances, proved sufficient to bring the disease to a happy termination. Ablutions, with water at the temperature of 60°, were found extremely beneficial in allaying the irritation of the skin with which many children were greatly incommoded. In no instance was any untoward circumstance observed to follow this treatment.

The lists of the Interments indicate the greatest mortality from measles, to have occurred in April. After that period the number of deaths gradually declined; and in September, not a fatal case was recorded. The disease probably ceased to affect any portion of the inhabitants of this city, until December, when one death from this malady is recorded.

At no period in the year, has the city been entirely exempt from small pox. One child is recorded as having died of the disease during the first week in January. In February, the disease proved fatal to two children and one adult. From that period there was a gradual increase in the number of fatal cases. In July, August, and September, respectively, there were, however, only four deaths recorded. In October, the mortality was suddenly increased to twenty-nine. November afforded no evidence of any abatement in the fatal character of the disease. December presented the melancholy record of ninety-two deaths from this loathsome malady. Taking the sum of the weekly reports of deaths from small pox, one hundred and eighty-seven persons appear to have been carried off by this disease. The ravages have been considerable, and the consequent dismay throughout the city and adjoining districts has been severely felt. Comparing the annual reports published by the Board of Health, it will be found, however, that the mortality from this source, has not amounted to what was observed in 1824 and in 1841.

If the vesicular character of the eruption be essential to constitute what has been termed varicella or chicken pox, the existence of the disease, within the limits of the city and districts, during the year, was rare. The conoidal and indented eruption, preceded by fever, varying from three to five days in duration, and where the desquamation takes place on the fifth, seventh or even as late as the ninth day, after the appearance of the pocks, prevailed very extensively. This form of disease, now generally recognized by the

profession under the title of Varioloid, was often the object of great anxiety and alarm, particularly among the community. In the list of interments, the death of one adult from this disease is recorded in October, and in December, three children are stated to have died of this malady.

In the spring months, March, April, and May, the Lichen agrius of Willan was frequently noticed. The characteristic papulæ, of a bright rose-colour distributed in irregular patches, were observed more generally on the limbs, though occasionally on the trunk. The eruption continued for some days, and was accompanied by great heat and itching of the skin, the cause of extreme annoyance to the patients, especially when warm in bed. Headache, and impaired digestion usually preceded the affection of the skin. The disease generally lasted about a week, and during that period more or less fever was observed. During the spring, ecthyma was likewise of frequent occurrence. The disease was not preceded or accompanied by any marked disturbance of the system. It was announced by the appearance of large distinct elevations, conoidal, hard, and painful. The size might be compared to that of a split pea. The base was of a bright red colour, and what constituted the apex presented a small spot of an opal colour. Though not confined to any part of the skin, the eruption was more frequently observed on the thighs, and lower portion of the trunk. The resemblance to a small incipient boil was very striking. After an uncertain period, the apex was converted into a dry brown crust. On the desquamation of which, there remained an indentation or pit, indicating that a portion of the skin had been destroyed. The redness which characterized the base, often continued for weeks. Successive crops were occasionally observed, and the patients were thus rendered very uncomfortable for more than a month. Tepid ablutions with the decoctions of bran, flaxseed, and slippery elm, afforded partial relief; but the greatest advantage was derived from the tepid bath prepared with some of the articles just mentioned. A bland cooling diet was directed, and it was found necessary to keep the bowels open by means of the common aperient salts. Of these, the tartras potassa and soda, as being the most agreeable in taste, was generally preferred. In the beginning and early stage of the disease, nauseating doses of tartarized antimony were employed, but the long continued use of this remedy proved extremely irksome, and the expected advantage was very equivocal; it was therefore soon abandoned.

The prevalence of high and dry winds, at this period, may have contributed to the production of the two forms of disease just mentioned. To the same condition of the atmosphere may be ascribed the frequent occurrence of inflammation of the eyes, likewise observed during these months. Persons walking in the open air, independent of the clouds of dust, were often sensible of great irritation of the eyes, accompanied by intolerance of light. In some instances when

the affection was first perceived, entire relief was obtained by the continued application of cold water. At a later period, to subdue the inflammation, required the repeated use of the lancet and the regular persistence of the other means so generally adopted in cases of severe ophthalmia. Great advantage was likewise obtained by applying three or four leeches to the conjunctival lining of the eye-lids. The pain produced by the leeches is less severe, than when the animals are applied to the skin forming the outer surface of the eye-lids. The echymosis that generally follows, has proved very alarming to those who had not watched the effect of this method of abstracting blood from the seat of inflammation. When the leeches had been applied to the inner surface of the eye-lids, it was found necessary to resort to the instillation of a few drops of the mucilage prepared from the pith of the sassafras. Generally the emollient applications, when cool, were observed, to be the most soothing. Instances, however, occurred in which the most advantage was derived when the articles employed were in a tepid state.

In our cities, the heat which prevails during the summer months has a decided influence in disturbing the health of infants, when passing through the process of the first dentition. So obvious is the connection, that the disease incident to children of this tender age, has been denominated, in popular language, the summer complaint. By the profession it has been more generally designated Cholera Infantum. Both terms have been employed by the Board of Health, the former previously to 1832. In that year, from the appearance of malignant cholera, affecting persons of all ages, the opinion was entertained that the two diseases would be more readily discriminated by using the popular name to designate the disease incident to children under two years of age. But in the records of the present year, the term cholera infantum has been again restored to indicate this disease. Though the heat of the past summer was at times very great, the mean temperature, during June, July, and August, did not exceed 74°. The records of the interments for this period indicate a mortality of 1798 persons from all diseases, of whom 280 died from cholera infantum, or 1 in every 60. In 1825 the mean temperature of the summer months was 76°, the general mortality was 1284, and the deaths from cholera infantum, 172, or 1 to 7½. In 1836 the mean temperature for the season did not exceed 68°, the general mortality was 1461, and the deaths from the disease in question, was 143, or 1 in 10 1-5. In 1838, when the mean temperature noticed in these months was 77°, we find an increased ratio of deaths from the disease designated by the Board of Health, as summer complaint, 385, while the general mortality was 1813, or 1 in 4 2-3.

Besides the elevation of temperature characterizing the summer in Philadelphia, other causes, probably, operate in the production of this malady. The noxious exhalations from the various impurities collected in the courts and alleys, inhabited by the poorer classes, can

not fail to exert a baneful influence. From a knowledge of this vitiated condition of the atmosphere of our city, the profession have been induced to recommend the removal of the little sufferers beyond the sphere of these contaminations. A partial benefit has been, of late years, afforded to the poorer classes by the praiseworthy conduct of the proprietors of the steamboats, who allow the children to be conveyed free of expense to Kaighn's Point, where the S. W. breeze blows with peculiar freshness. Circumstances, however, do not permit the children of the labouring class to enjoy this benefit to the extent required for the establishment of their health.

On adults, the fatal effects of an elevated temperature were not so remarkable as in the summers of 1825 and 1838. In the former of those seasons, sixty-seven persons are recorded to have died from drinking cold water; from the exposure to the hot rays of a meridian sun, and from apoplexy. In 1838 the number of deaths referred to these sources, was seventy-five. In the past summer, the mortality ascribed to the influence of excessive heat, and to apoplexy, did not exceed twenty-eight.

Towards the close of November, and during the early portion of December, several children, between the age of five and ten years, were observed to become listless and inactive. Among the early symptoms of this indisposition, languor and loss of appetite attracted attention. On the patients being interrogated, they complained of pain, referred, generally, to the upper portion of the umbilical region, occasionally to the right flank, along the course of the colon. Pressure on the part, caused some aggravation of the suffering. The head, especially the front just above the brow, was likewise the seat of rather a dull pain. The skin was hot and dry, with a sensible increase of temperature in the evening. The pulse was frequent and wiry. The tongue and throat became sore, and on inspection aphthæ were observed scattered on the mucous surface. These were exceedingly tender. On the appearance of the aphthæ, the breath was observed to be fetid. In the patient in whom the offensive odour was first noticed, it was thought to have proceeded from the mild chloride of mercury which had been administered to open the bowels. Subsequent experience showed that it constituted one of the symptoms of the disease. Purgatives made no favorable impression upon the complaint. The fever generally assuming a paroxysmal type, seemed to call for the exhibition of the sulphate of quinia. It did not correct the fetor of the breath, nor did the fever yield to its powers. The most benefit was derived from the liquor soda chlorides, exhibited in doses of five to ten drops, according to the age of the patient, thrice a day, in any agreeable vehicle. In two or three days after the administration of this remedy, all the unpleasant symptoms speedily vanished.

SUMMARY OF METEOROLOGICAL OBSERVATIONS, FOR 1845.

Year 1845.	TEMPERATURE.			RANGE		DEW POINT.			BAROMETER.		WIND.				WEATHER.					RAIN AND MELTED SNOW IN INCHES.
											Days the wind blew				Days that were			Days of		
	Highest.	Lowest.	Mean.	Highest.	Mean.	Highest.	Lowest.	Mean.	Highest.	Lowest.	North of East.	South of East.	South of West.	North of West.	Clear.	Variable.	Cloudy.	Rain.	Snow.	
January,...	58	19	37	19	6	49	7	32	30.4	29.3	13	5	17	26	3	20	8	6	7	3.77
February,..	64	11	36	21	9	57	8	30	30.3	29.	5	5	10	36	4	20	4	4	5	4.74
March,....	75	27	42	29	9	58	8	42	30.3	29.3	13	5	24	20	6	20	5	8	4	2.41
April,.....	78	29	52	26	14	59	10	37	30.2	29.5	17	6	16	21	3	23	4	7	2	3.18
May,.....	83	40	62	25	14	64	30	47	30.3	29.6	7	4	29	22	5	21	5	10	.	1.60
June,.....	93	49	72	25	14	72	41	58	30.2	29.7	12	8	22	18	2	23	5	11	.	3.481
July,.....	96	55	76	23	15	75	46	62	30.1	29.6	4	4	28	26	4	27	.	8	.	2.693
August,...	87	60	75	20	10	76	54	60	30.2	29.6	19	15	16	12	1	23	7	13	.	7.005
September.	83	47	66	18	11	72	40	55	30.2	29.5	8	10	20	22	2	25	3	8	.	2.129
October,...	79	30	56	24	13	69	12	45	30.5	29.5	13	9	17	23	4	24	3	6	.	2.645
November,.	68	20	45	22	9	61	6	33	30.4	29.3	10	2	20	28	3	21	6	9	2	2.307
December,.	44	12	29	12	6	44	0	25	30.4	29.5	16	3	5	37	4	19	8	3	4	3.403
Mean,...			54		12				Total,....		137	76	224	291	41	266	58	93	24	39.563

Dr. Morris presented to the College a specimen of vaccine lymph and crusts—secured in a variety of forms—from the Vaccine Institution of Paris.

Dr. Parrish related the particulars of a case—apparently of tubercular disease of the lungs—terminating fatally, which occurred in a young female, and was, in all probability, induced by her being subjected to what has been termed the cold-water cure.

SUMMARY

OF THE

TRANSACTIONS OF THE

COLLEGE OF PHYSICIANS

OF PHILADELPHIA.

FROM APRIL, 1846, TO AUGUST, 1846, INCLUSIVE.

Stated Meeting, April 7th, 1846.

Dr. HEWSON, President, in the chair.

Present, twenty-two members.

ALEXANDER WILCOCKS, was elected a Fellow.

The Committee on Publication reported that they had issued the *Eleventh* number of the Summary of Transactions.

Dr. FOX, read the following

BIOGRAPHICAL NOTICE

OF

DOCTOR JOSEPH PEACE.

Our late Fellow Dr. JOSEPH PEACE was born in Charleston, South Carolina, on the 24th of January, 1807. His Father, Joseph Peace, Esq., who was then engaged in the practice of law in that City, in the following year removed his family to Philadelphia, where he continued to reside until the period of his death, in 1826, a well known and highly esteemed citizen; and a remarkable instance of a professional man acquiring, at the early age of thirty-seven, a fortune sufficient to enable him to relinquish the practice of his profession, as was the case when he left Charleston, in 1808.

Dr. Joseph Peace, was educated in Philadelphia, and graduated in the collegiate department of the University of Pennsylvania in the summer of 1825; in the autumn following, he commenced the study of medicine with Dr. Joseph Parrish, and received the degree of Doctor of Medicine from the University of Pennsylvania in 1828.

In 1827 he was elected one of the resident physicians of the Philadelphia Alms House Hospital, where he remained two years, having been re-elected the following year. Being desirous of prosecuting his medical studies to the most advantage, soon after leaving this institution in 1829, he embarked for Europe. After following the most celebrated Parisian surgeons and physicians in their daily visits to the Hospitals, for nearly two years, and subsequently visiting Germany, Italy, Switzerland, and Great Britain, he returned to this City, in the fall of 1831, where he commenced the practice of his profession.

His inaugural thesis on Delirium Tremens was published in the North American Medical and Surgical Journal, for October, 1829, a high compliment to him. He published, in the American Journal of Medical Sciences for November, 1837, "A case of Hepatic Abscess opening into the right lung, with a post mortem examination." With the exception of these two papers we do not find that he has contributed any thing to the medical literature of the day, a fact assignable to his unobtrusive disposition, although possessed of talents of no ordinary kind and a clear discriminating mind. Having well availed himself of the opportunities afforded by a long residence in one of our best medical institutions and by attendance on foreign hospitals, Dr. Peace had attained a very respectable standing in his profession.

In 1832 he was elected one of the physicians of the Philadelphia Dispensary, an office which he held many years.

In 1835, upon the organization of the Wills Hospital, he was elected one of the physicians of that institution, and in the same year one of the out door physicians for the Guardians of the Poor.

After the departure of his mother and family for Virginia, in 1843, he removed to Bristol, Pennsylvania, a place rendered dear to him from early associations as the spot of his youthful pastimes, having spent a large portion of his childhood there at his father's country seat; here he was engaged in the practice of medicine until an attack of Congestive Fever terminated his life on the 25th of July, 1845.

Dr. Peace, was in the habit of attending the Presbyterian Church, and occasionally the meetings of the religions society of Friends, of which his father had been a member. I find, in an answer to a letter addressed to him a few months previous to his decease, by a lady, upon the occasion of sending for his perusal some religious books, &c. an allusion to one of our late Vice Presidents, so truthful, that I shall extract it. "The latter (a pamphlet) though read by me some

years since, I have re-perused with increased pleasure and satisfaction. The liberal and Christian-like sentiments it embodies, harmonize so sweetly with the benevolent life and character of the writer, as to render it recognisable by any one whose good fortune it was (as was mine in the relation of medical pupil) to have frequent opportunities of observing him under the various and trying circumstances of a life devoted to the cause of humanity."

Dr. Peace was elected a Fellow of this College, in 1840, and was well known to all of you. His affable courteous manner, his kind and benevolent disposition, secured for him friends among all classes of society. Many of us will cherish with feelings of pleasure, the hours of social intercourse passed with him, and long regret his early and unlooked for departure from amongst us.

The following donations to the Library were announced as having been received:

From Dr. Bell, a copy of his Treatise on Health and Longevity. 12mo.

From Dr. Parrish, The Seventeenth Report of the Inspectors of the Eastern Penitentiary of Pennsylvania. 8vo.

From Dr. Hays, Appendix zu Dr. Canstatt's Jahresbericht über die Fortschritte der gesammten medicin in allen Ländern, von Dr. Thielmann. 8vo.

Achter Bericht über die Verwaltung der klein-kinderschulen in Frankfort—from 1835 to 1844, inclusive.

Beobachtungen über die wirksamkeit der Versendeten Franzens Bader Heilquellen, von Dr. Creutzer. 8vo.

Die Phrenologie in und ausserhalb Deutschland, von G. v. Struve. 8vo.

De Cachexiis—auctore A. Pavesi. 4to.

De Inflammatione—auctore V. Aloysius. 4to.

Einige worte über die Versendeten Karlsbader Wasser, von Dr. K. D. Schroff. 8vo.

Förteckning pa Skaninaviska Naturforskare, 1842. 8vo.

Gefängnisreform in Frankreich. 8vo.

Heilsame wirkung der Eger-Wiesquelle, von Dr. Hirschel. 8vo.

Norsh Magazin for Lægevidenskaben vols. 1, 2, 3. 8vo.

Norme Austriache attorno ai publici impiegata di Sanità, di Guiseppe Francesco Dr. Müller. 8vo.

Om Läkarabetyg öfver Dodane Kroppsshader af Dr. A. S. Wistrond. 8vo.

Rapport du Comité medico-philantropique de la Societé Imperiale Philantropique, pour l'annee 1842, St. Petersburg. 12mo.

Rede am 2 Januar 1841, als dem 25 Jährigen Stiftungstage des ärztlichen Vereins in Hamburg. 8vo.

Schönlein's klinische vorträge in dem charité-kranhenhause zu Berlin, kritisch beleuchtet, von Dr. Fredrich Pauli. 8vo.
Ueber den Schmerz in allgemeinen, von Dr. C. J. Heidler. 8vo.
Zeitzchrift für Therapie und Pharmakodynanick. 8vo.

Dr. Hays laid upon the table for the inspection of the members a number of pamphlets, advertisements, and other printed documents, adapted to illustrate the extent to which empiricism pervades the United States—the various forms under which it presents itself—the arts employed to support its pretensions—and the numbers engaged in its promotion who lay claims to the title of Doctor in Medicine.

On motion of Dr. Bell, a committee was instituted to report to the College on the subject of Quackery—more especially in relation to its present manifestations, and the means best adapted for its suppression.

Drs. Bell, Stillé, Condie, and Parrish, were appointed upon the Committee.

Dr. Bell read an Essay, containing some remarks introductory to his Annual Report on Public Hygiene.

Stated Meeting, May 5th, 1846.

Dr. Wood, Vice President, in the chair.

Present, twelve members.

A communication was received from Dr. Dunglison, inclosing a letter from Dr. J. J. Knolz, of Vienna, with a donation to the Library of the College, of two volumes on Medical Statistics published by the writer—namely:

Darstellung der humanitäts und heilanstallen in Erzherzogthume Oesterreich unter der Enns. 8vo.
Jahres-Bericht-über die Leistungen der Medicinal-Verwaltung und Gesetzgeburg in der provinz Oesterreich unter der Enns vom Jahre, 1843. 8vo.

Dr. Littell presented to the Library, a copy of the Second Edition of his Manual on the Diseases of the Eye. 8vo.

A Communication was received from the American Philosophical Society, acknowledging the receipt of the eleventh number of the Summary of Transactions of the College.

A conversation took place in relation to the possibility of any disease, other than that immediately resulting from the vaccine

infection, being communicated by the process of vaccination. All who took part in the conversation acknowledged that no fact had fallen under their notice which would lead them to fear any such result—they, nevertheless, considered it prudent to observe the utmost care to procure the matter employed in vaccination from perfectly healthy individuals.

Dr. Jackson stated that he has known the *crusta lactea* elicited by the vaccine infection, in children who have been predisposed to its occurrence, in the same manner, he presumes, as the eruption is developed, in the predisposed, by the process of dentition.

Dr. Condie remarked that although he never met with a single instance in which the propagation of disease could be traced to vaccination, he has known, in a few instances, an extensive and, occasionally, very dangerous attack of erysipelas of the whole arm and forearm to follow the insertion of the vaccine virus.

Stated Meeting, June 2d, 1846.

Dr. Hewson, President, in the chair.

Present, seventeen members.

Victor L. Godon, M. D., Thomas F. Betton, M. D., Morris C. Shallcross, M. D., Thomas H. Yardley, M. D., William R. Grant, M. D., Joshua M. Wallace, M. D., and Washington L. Atlee, M. D. were elected Fellows.

Through the President, there was received from the author as a donation to the Library:

A Treatise on the Epidemic Cholera as it prevailed in India. By Frederick Corbyn, Esq. 1832. 8vo.

The Treasurer presented his annual report of the receipts and expenditures of the College, which was referred to the Censors.

The President appointed the following as the Standing Committees for the current year:

On the *Library*, Drs. Moore, Coates, West.
On *Public Hygiene*, Dr. Bell.
On the *Theory and Practice of Medicine*, Dr. Jackson.
On *Surgery*, Dr. Parrish.
On *Midwifery*, Dr. Warrington.
Diseases of Women, Dr. Bond.
Diseases of Children, Dr. Condie.
Materia Medica, Dr. West.
Meteorology and Epidemics, Dr. Moore.

The Library Committee reported that they have received from the Sydenham Society of London, the second volume of Simon's Animal Chemistry, 8vo.

Dr. CONDIE, presented and read the Annual Report on DISEASES OF CHILDREN, as follows:

In preparing the present report, the same plan has been pursued as heretofore—the collecting from the various medical journals and other publications the more interesting facts and observations in relation to the pathology and therapeutics of the diseases of children which have been communicated during the past year—from a conviction that this is the best mode in which the object of these annual reports—to present, namely, a review of such interesting facts and doctrines, pertaining to their respective subjects, as may from year to year be offered to the profession—can be accomplished.

The various items embraced in the present report differ of course in value; it is believed, however, that they are all worthy of record, and when thus brought together, give a better view of of the progress of our knowledge in relation to the character, nature, and treatment of the diseases of the earlier periods of life, than when scattered through the pages of the several works from which they have been culled.

M. Albert Donné, in his *Cours de Microscopie*, observes, that our ignorance at the present day with regard to the character of good and bad milk in nurses, and the mode of distinguishing that which possesses qualities requisite for the life and health of the child, from that which affords to it an unwholesome kind of food, is so great, that it is almost impossible to find a practitioner, nurse, or even a chemist capable of forming an opinion whether a given specimen be of good or bad quality. We have no hesitation in stating, that all which has hitherto been said and written on the subject, so far at least as regards the peculiar qualities of the milk in relation to the nourishment of infants, is absolutely valueless. No one, certainly, is likely to be deceived by the color, consistence, or even the taste of milk; yet nothing can be more vague than are such characters—it is impossible to attach any real value to them—and since they are based on nothing positive, each person may interpret them as he pleases; consequently the attention of medical men is directed rather to the general health of nurses than to the properties of their milk; and the examination of the secretion, if undertaken, is performed merely as a matter of form. Undoubtedly the general health is an indispensable condition, and one to which especial attention ought to be directed in the selection of a nurse, yet this condition is far from being the only one deserving of consideration, and it is well known that the best health is not always a guarantee for the good

qualities of a nurse or the nutritive properties of her milk; the lacteal secretion may be insufficient or abnormal in a woman otherwise perfectly healthy. Is it not a matter of daily observation that one woman, although of a meagre, sickly appearance, makes a better nurse than another woman of the healthiest aspect; and are we not frequently deceived as to the state of the constitution by external appearances? It is evident that the organs endowed with the function of secreting milk, are, so to speak, placed too much without the general economy, to allow of the qualities of this secretion being estimated by the integrity of other organs, and the regularity of the other functions. It is in the milk itself, therefore, that we must search for the character of the good and bad qualities, and until we possess the means of observing its properties, and its good or bad nature in relation to the nourishment of infants, practice will be deprived of any rule, the choice of nurses will be made in an empirical manner, and the determination of mothers who wish to suckle will more frequently be regulated by chance or caprice, than by reason, or with a due regard to the interests of their children. The subject has recently attracted the attention of M. Girard, who has furnished several cases in illustration of the influence of the nurse's milk upon the health of infants, followed by some very judicious observations. (*Archives Générales de Médecine.*)

Case I. In September, 1840, a child, aged five months, was brought to me. I was informed that it was strong and vigorous when born, and that it was at once delivered to the charge of a nurse, who had been suckling for fourteen months. It shortly became uneasy, cried incessantly, and was only quiet when at the breast; it gradually grew thin, and diarrhœa was established, the stools being of a green colour. When brought to me it presented the following condition: face thin and pale, tongue red with a few scattered aphthous points; belly tense; a bright erythematous redness over the thighs and nates; there were frequent discharges from the bowels of a green colour, vomiting of curdelled milk several times a day; the child slept badly, frequently awaking. This was the third time the child had been attacked with an almost similar set of symptoms, with exception of the apthæ which now appeared for the first time, while the other symptoms, generally, were of greater severity than before. The nurse's milk was very alkaline, but was not examined microscopically. The child not improving under the treatment adopted, it was determined to change its milk, and a nurse was obtained who had been suckling for only three months. There was, at once, a marked amelioration of all the symptoms; in two days the diarrhœa had considerably abated, and at the end of a week all indications of disease were gone.

Case II. This was an infant born in November, 1844, strong and well formed. It was suckled by its mother for ten days, when, in consequence of her breast becoming enlarged and painful, a nurse

was employed for the infant, of middle size, dark complexion, and about 30 years of age. She exhibited no appearance of disease; her breasts, were small; her milk was sweet, of good colour, consistence, and quantity, and about three weeks old. In a few days the child's sleep became disturbed; it lost flesh, its stools became more frequent, sometimes green, at others black; nausea and vomiting ensued; a bright redness extended over the thighs and nates, and the child became very restless. On the third of December, or about three weeks from its birth, it presented the following appearances; extreme emaciation; dry and rough skin; frequent diarrhœa, with green stools; tense and painful abdomen; extensive erythema over the surface of the body; some vesicles on the scrotum; constant vomiting after taking the least quantity of milk or other fluid; tongue red, and in common with the mucous membrane of the lips and cheeks, covered with numerous apthous spots. Notwithstanding the treatment adopted, the symptoms became more intense. On the ninth of December, the nurse's milk was examined microscopically by M. Duforsé. There was nothing peculiar in its colour; its consistence was that of milk containing much cream; treated with ammonia it became slightly viscous; it was neither acid nor alkaline. A drop magnified 300 diameters, showed, 1st, that the milk globules were in great abundance, as is the case in very rich milk; they were of considerable size; the largest resembling small bladders half filled with liquid, and collapsed. Instead of having a pearl-like brilliancy, most of them, especially the large ones, were of a dull white colour somewhat resembling opal; some of them, aggregated together, formed small groups, which could be moved about in all directions, without a single globule being detached. When submitted to slight pressure, the several groups spread out so as to occupy a surface five or six times greater than they presented at first, and they assumed various forms. The smallest quantity of sulphuric ether introduced between the plates of glass dissolved a large quantity of them very rapidly. 2d, the field of the microscope was beset with roundish granular bodies, perfectly colourless, and presenting all the characters described by J. Henlé Donné, Mandl, Güterbrok, and other micrographers.

To these particles Donné first applied the term, *corps granuleux*, and describes them as invariably existing in colostrum, but disappearing gradually as the milk becomes older, so that after about the 20th day, and usually much sooner, no trace of them is to be found. They co-exist with ordinary milk globules, but differ from these in form, size, general aspect, and internal composition. They present all possible varieties of form, and size; the smallest being about one hundreth of a millimetre, the largest many times that size; they are slightly transparent, usually of a yellowish colour, and of a granular aspect, appearing as if composed of a number of small granules aggregated together inclosed within a transparent envelop; very

often there exists in the centre or at some other point of these little heaps, a single globule, which is apparently a true milk globule imprisoned within the granular matter. The nature of these granular bodies is unknown. Donné supposes that they consist of fatty matter, and of a peculiar mucous substance. They are insoluble in alkalies, but like true milk globules dissolve in ether, and after the evaporation of the ether small heaps of acicular crystals remain on the glass. (*Cours de microscopie.*) Although these granular bodies are usually peculiar to colostrum alone, yet, Donné remarks that they, as well as the other peculiarities of the colostrum, as, the large irregular size of the milk globules, which instead of floating free are aglomerated together in small masses, may persist for many months, or even to the end of suckling. The existence of this condition which can only be discovered by the microscope, may take place in a nurse in perfect health; it however affects injuriously the infant, which usually grows thin, although continually at the breast, and is commonly attacked with diarrhœa. The state of the milk here alluded to, appears to have been that of the nurse in this second case of M. Girard, who continues the narrative of it thus—

The nurse was changed; one being selected whose milk appeared perfectly pure; scarcely two days elapsed when the diarrhœa and vomiting diminished, and speedily ceased altogether; the apthous patches disappeared, the tongue resumed its natural colour, and the erythema faded. From this time, the child speedily recovered its good looks, and became fat; its stools being natural, and sleep good.

The third case related by M. Girard is that of a male child, the seventh, of a female, 28 years old. A former child of this lady had died, when six months old, of a disease marked by intense thirst, extreme emaciation, diarrhœa, with green stools, and glairy vomiting. The present infant took the breast readily, and was apparently in good health, yet vomited occasionally after suckling; the milk to all appearance was perfectly good. About the commencement of the second month the vomiting increased in frequency. Supposing this arose from the child overloading its stomach, the breast was given to it less frequently, and a little sugar and water substituted in the intervals, still, after each time of taking the breast it vomited, though it could retain other liquids: it soon grew thin and pale, and its bowels were alternately constipated and relaxed. Towards the middle of the second month, other symptoms suddenly occurred: the child screamed out, ceased to breathe, and became unconscious; its face and hands assumed a livid hue: this condition lasted for a few seconds, and then passed off spontaneously, leaving the child weak and faint for some hours. Within the next twenty days the child had many similar attacks, which came on at uncertain periods, both day and night, without any obvious cause. Blisters, antispasmodics, and baths were employed without benefit. The vomiting still continued. The milk was now examined, microscopically, several times, at intervals

of some days, and was found to present an enormous quantity of mucous globules without any other alteration. The mother was opposed to procuring a nurse for her infant. Eight days subsequently, the vomiting having diminished in frequency, the milk was again examined, and presented a diminution in the quantity of mucus; but the vomiting increased in frequency, after a few days, and the milk indicated an augmentation of mucous globules. The child continued to grow thin; a slight diarrhœa showed itself, and the chest affection remained. The mother now becoming alarmed, consented to the employment of a nurse. After the examination of the milk of several, at length a nurse was obtained, whose milk, microscopically examined, was perfectly pure. Two days after taking this milk, the vomiting entirely ceased, as well as the symptoms of asthma, and neither of them ever re-appeared; the child speedily became fat, strong, and healthy, and so remains.

In remarking upon these cases, M. Girard queries; whether, without wishing to generalize too much, or to establish a theory, from a few facts, it is not logical to observe here a relation of cause and effect. What do we see in the second case? a severe and frequently fatal affection, rapidly on the increase, which had resisted all rational means adopted for its removal, but yielding with the greatest facility to a change in the milk with which the child was fed. The disease coincided with the ingestion of impure milk, and ceased when milk of a pure quality was substituted. In the third case the same thing occurred, although the symptoms were somewhat different. Is it unreasonable, then, to conclude, that certain severe pathological conditions may be produced by alterations in the milk alone, and may be dissipated, even when they have attained a very high degree, by a substitution of milk of good quality? It would be a point of much importance to ascertain, whether these alterations in the condition of the milk could at any time coincide with the maintenance of perfect health in the child; also, it would be important to determine, if possible, whether a given alteration in the milk is liable to induce a certain pathological affection. Of the two cases last narrated, we observe that in one, a granular state of the milk induced an apthous affection, (*muguet*), whilst in the other, a mucous condition gave rise to symptoms referable to the stomach and to the lungs; at any rate that these states were coincident with such affections. Of course, it is not meant to be here implied that the pathology of infants is entirely under the influence of the milk they take, but it seems probable that many hitherto inexplicable conditions may be so, and, moreover, that they might be explained by a simple examination of this liquid.

Mr. Acton, Surgeon to the Islington Dispensatory, England, adduces three cases, in which constitutional syphilis in the father, was the cause of repeated abortions, and, subsequently, of infection of the fœtus born at the full period—the mother remaining throughout wholly free from disease.

A child nine weeks old, was brought to him, by its mother, on account of an eruption, chiefly papular, over the whole body. The voice was hoarse, and there was a slight discharge from the nose; the palms of the hands presented a scaly copper-colored eruption. Emaciation was less than is usually observed in children labouring under syphilis; but that peculiar earthy hue of the skin generally, was very evident. The mother stated, that she had been married four years—became pregnant soon after her marriage, and at the full time produced a dead child, the skin of which was dark coloured, and peeled off on the slightest touch. During the following year she miscarried. On the occurrence of the third pregnancy, the child, that brought to Mr. A., was born at the full period and perfectly healthy. During the third week, spots were observed on the genital organs, and since then increased constantly in extent. No symptom of either primary or secondary disease, could be discovered in the mother. The father, shortly before his marriage, contracted chancres, was salivated, and secondary symptoms followed. He again took mercury, and believed himself perfectly cured at the time of his marriage. Denies having had any primary symptoms since—but has occasionally seen white spots on his mouth and tongue—has not remarked any spots on his body. There was nothing in his appearance to indicate syphilis, nor could any recent marks of infection be discovered. Mr. A. directed an ointment composed of ungt. hydrarg. nitrat. and spermaceti to be applied to the affected skin, and a powder containing two grains of hydrarg. c. creta, to be given at night. Within a month the child was free from disease, and had regained its healthy appearance.

Mr. A. gives an abridged account of two other cases of secondary syphilis in men, whose wives were free from all disease, but had miscarried. He remarks, that these cases furnish three instances of males affected with constitutional symptoms who marry and yet fail to communicate any disease to their wives, thus far corroborating our experiments that secondary symptoms are not capable of transmission from an affected male to a healthy female. They moreover make it probable that a male, thus infected, may so far exercise a morbid influence on the embryo, the result of cohabitation between him and a healthy female, as to cause its premature expulsion, or disease it so much, that, soon after birth, secondary symptoms will appear. The first case further induces the belief, that though syphilis may produce miscarriage, a healthy child can be subsequently born, although no mercury be given to either parent.

If it be true that the father can infect the fœtus without contaminating the mother, it justifies the surgeon in sparing her a course of mercury—a proceeding always injurious to the child, by deteriorating the milk—and may induce him to treat the child with some mild mercurial, without fear of its being reinfected by suckling the mother—thus offering additional evidence that the mother does not participate in the disease which the child inherits from the father.

M. Aberle, of Vienna, gives the following conclusions as the result of the analysis of 180 cases of cyanosis:

In 100 cases there was a defect in the partition of the ventricles; in 87 of these cases, there was also an abnormal communication of the ventricle with the aorta; in 22, the foramen ovale was closed, and in 65, it was open. In four cases only, the pulmonary artery arose from both ventricles. In the 87 cases in which the aorta arose from both ventricles, the pulmonary artery was 37 times strictured, or even quite closed. Of the 180 cases, two-thirds were males.

The duration of life in cases of cyanosis is indicated by the following list:—

Death occurred, in the first 24 hours, in *four* cases; within the first 14 days, in *sixteen*; before the end of the first month, in *seven*; from the second to the third month, in *six*; from the third to the sixth month, in *eight*; from six to twelve months, in *twelve*; from one to two years, in *seven*; from two to three years, in *nine*; from three to six years, in *eleven*; from six to eight years, in *eleven*; from eight to eleven years, in *thirteen*; from thirteen to sixteen years, in *twelve*; from sixteen to twenty years, in *eight*; from twenty to twenty-five years, in *ten*; from twenty-five to thirty years, in *six*; from thirty to thirty-five years, in *five*; from thirty-five to forty-five years, in *five*; from forty-five to sixty years, in *four*; and at eighty years in *one* case. In *ten* cases, the age is not indicated.

In the Northern Journal of Medicine, Dr. A. B. Campbell relates three cases of icterus in new born infants, all of which terminated fatally. In two, the disease was found to depend on congenital absence of the hepatic and cystic ducts, and in the other upon obstruction of the common biliary duct by inspissated bile. In the first case the jaundiced hue of the skin appeared the day after birth; the infant, however, continued well until the ninth day—though the evacuations from the bowels were white; a hemorrhage from the umbilicus then occurred, and returned on the following day, when the child died. The gall bladder was found to be a shut sac, the hepatic and cystic ducts being both wanting—the blood was tinged with bile. In the second case, the symptoms occurred early—no hemorrhage took place. The infant wasted away, while its abdomen enlarged in both hypochondriac regions. The patient lived until the sixth month, being attacked immediately preceding its death with violent diarrhœa, and vomiting of a fluid like coffee grounds. The liver was large—the gall bladder, as well as the ducts, were absent —the blood and various tissues were tinged with bile. The third case closely resembled the first; hemorrhage from the umbilicus occurred on the seventh day, and returned at intervals until the eleventh, when the child sunk into a comatose state and died. The whole amount of blood discharged did not exceed an ounce and a half. The gall bladder was full of bile, the escape of which was

prevented, however, by a plug of inspissated bile, which filled the common duct. The brother of this infant died at the same age and with similar symptoms.

M. Rogers, in a paper on induration of the cellular tissue in infants, (Archives Gen. de Med.) states, that in 19 cases he found the temperature to be less than 91°, in 7 it sank below 78°, while the mean of 52 observations was only 87°.8. In extreme cases the temperature may sink to 77°, 74°, 72°, and in one instance it was as low as 71°.6. According to M. Rogers, a diminution of temperature precedes the occurrence of induration, or at least exists in a very marked degree while the induration is still very slight. The reduction of the temperature is always in direct proportion to the degree of induration, and consequently, forms an important element in the prognosis. Recovery took place in only a single case after the temperature had sunk below 90°.5, though life was often prolonged for several days, notwithstanding a much greater reduction of temperature. The slowness of the pulse and respiration likewise bear a direct relation to the lowness of the temperature and degree of induration, the former having sunk even as low as 60, the latter to 16 or 14.

The condition of the lungs met with in this affection, though called pneumonia, must, according to M. Rogers, differ very essentially from true inflammation of the lungs—while in the latter the temperature rises even to 105°, in that peculiar condition of the lungs which accompanies induration of the cellular tissue, it sinks as low as 71°, the pulse and respiration at the same time being slow, in place of accelerated. He considers it to be a state of congestion or apoplexy. His opinion coincides with that of MM. Bailly and Legendre, in respect to that condition of the lung they denominate its "fœtal state."

Dr. Mauthner's researches, as detailed in his treatise on the diseases of the brain and spinal marrow, (*Die Krankheiten des Gehirns und Rückenmarks bei Kinden, Vienna*, 1844,) are, remarks Dr. West, to whose report for 1844–5 we are indebted for the following notice, by far the most complete that have yet appeared. He prefaces his remarks by a series of observations on the growth of the brain and the increase of its weight at different periods of childhood. He shows that the weight of the organ is greatly modified by the amount of blood which is contained in its vessels, a fact which he uses in support of the opinion that a degree of vascular congestion, short of that which would occasion inflammation, often gives rise to hypertrophy of the brain. He distinguishes an active and a passive hypertrophy of the brain, the latter of which is attended with expansion of the cranial bones, enlargement of the head, and all that train of symptoms usually regarded as characterizing the affection. In the active form of the disease the bones do not yield, and the first indi-

cation of the affection is afforded by the sudden supervention of some form or other of acute cerebral disease. He notices the difficulty of distinguishing between hypertrophy of the brain and *chronic hydrocephalus*, but lays down the following signs as affording a means of discriminating between them: In hypertrophy, the posterior part of the skull is that which is observed first to become unnaturally prominent, and the projection of the forehead occurs subsequently, while the projection of the forehead is one of the first results of chronic hydrocephalus. The latter affection is usually associated with a generally emaciated condition; the former with a leucophlegmatic habit, and with increased deposits of fat. The constitutional symptoms of the two affections likewise differ; convulsions, sopor, and restlessness attend the early stages of chronic hydrocephalus, while spasmodic affections of the respiration are among the earliest indications of hypertrophy of the brain, but seldom occur until an advanced stage of hydrocephalus.

On the subject of convulsions in children, Dr. Mauthner presents many observations of considerable practical value. He points out the fact that convulsions are a frequent result of febrile disturbance in early childhood, and shows how the tendency to venous congestion, which is so characteristic of early childhood, explains this occurrence. Somewhat similar are the remarks of Dr. Morell (*New York Journ. of Med.*) on the same subject. This gentleman endeavours to show, that infantile convulsions are the result of febrile excitement, and that the affection of the brain is in all cases a secondary occurrence. In fever, there is an increase of arterial action, with, at the same time, sluggish venous circulation, connected with imperfect performance of respiration, and a tendency to congestion of the lungs. The imperfect respiration allows the lungs to become congested, and is unfavourable to the return of the blood from the abdomen to the head, while the heart, by its violent action, continues to propel more blood to the brain. The yielding fontanelle relieves the compressed brain for a time, though insufficiently, so that the pressure finally affects the medulla oblongata; respiration is then further impaired, and convulsions ensue in consequence of the spasmodic effort of the voluntary muscles to maintain respiration. Venous blood now pours in rapidly from the extremities to the chest; it is prevented, however, from circulating through the lungs by the suspended respiration; the valves of the veins interfere with its return through the channels whence it came; it therefore regurgitates into those veins which are unfurnished with valves, and congestion of the head and abdomen is the result.

Dr. Schleifer (*Oester. Medic. Wochenschr.*) has presented the result of his observations on the pathology of convulsions in children, collected in the Lying-in and Foundling Hospitals of Prague. Out of 2, 500 infants, only nine cases of well marked convulsions appeared,

all of them caused by disorders of the central nervous system. The disease might be regarded in almost all these cases, as primary; but in two cases, a supurative phlebitis of the umbilical veins seemed to be connected with the production of the convulsions. In other cases, hemorrhage was found to have occurred within the skull, or the cavity of the spine, or on the dura mater, rarely between the membranes, and never in the substance of the brain. As regards the causes of the hemorrhage, nothing could be ascertained; neither artificial nor natural birth seemed to exert any influence. In all convulsions, produced by an affection of the brain, the temperature of the head was increased, the facial muscles distorted, and in two cases there was an erection of the penis. In convulsions, however, dependent upon affection of the spinal marrow, opisthotonos occurred, with contraction of the extremities; increased temperature of the head was a later symptom; hence Dr. S. thinks that the seat of the nervous irritation may be inferred from this difference in the symptoms. The pulse could not be counted in any case; the urine and fæces were rarely evacuated. The first attack of convulsions never appeared before the second day after birth, and one case only, on the twelfth day, when the dissection clearly showed that the extravasation of blood must have taken place several days before. The paroxysms were repeated in some cases every three minutes, in others every hour. In the intervals, the children appeared in a state of stupor. Dr. S. never saw a case of recovery after an attack of real convulsions. The course of the disease was always very acute, varying from an hour to one or two days, when it invariably terminated fatally. A powerful antiphlogistic treatment seemed alone to have any beneficial influence.

In a paper on Asphyxia and Apoplexy of new born children, contained in the Dublin Journal, Dr. Doherty objects to the employment of the term Asphyxia to designate all varieties of apparent death in infants, inasmuch as the lungs are seldom the centre of the mischief, which in a large majority of cases has its origin in the brain. He describes two varieties of suspended animation from this source; the first, resulting from long continued pressure on the head, is attended with apoplectic symptoms and impairment of the respiratory process; in the second, which results from sudden and violent pressure on the head, the heart's action is immediately arrested. The different treatment demanded by these two conditions is pointed out; depletion, being indicated in the former, but injurious in the latter. As, he remarks, the same *besoin de respirer* does not exist in the still born child as in the adult, when respiration has been interrupted, there is, consequently, not the same necessity for resorting immediately to artificial respiration; but it is better to direct the first efforts to exciting the nervous energy. Death from apoplexy is one of the results of imperfect inflation of the lungs; and congestion of the surface, con-

vulsions, and death, are occasionally noticed in cases where, owing to this cause, the heart's action has been irregular and tumultuous after birth.

The death of the fœtus, when the mother has died from hemorrhage, is owing to the placenta ceasing to oxygenate the blood of the fœtus, in consequence of the maternal veins being empty, and thus a kind of syncope of the fœtus is produced.

When the child dies from pressure on the cord, if that pressure has not been continuous, the body presents the appearance of congestion; but if the interruption to the circulation has been complete, the appearances observed are those of profound syncope, and the blood is found to have deserted the left cavity of the heart, and to be accumulated at its right side, and in the great venous trunks. In conclusion, Dr. Doherty examines the effects of injuries of the spinal cord of the child during labour, and gives illustrations of the resemblance between cases where that has occurred, and cases of trismus neonatorum.

Dr. Walter, (*Neue Zeitschrift. f. Geburtsk.*) relates a case, apparently authentic, which shows how small is the need of respiration in the new born infant. A woman gave birth to an illegitimate child, which, since it did not cry, she supposed to be dead, and buried it in a hole eighteen inches deep. Over the child was a piece of coarse matting, and above this, sand was strewn, though loosely, to the depth of twelve inches. In the cavern thus formed, and in which but a very small quantity of air could have been enclosed, the child was found alive at least six hours after its birth.

Dr. Fairbairn, (*Northern Journal of Medicine,*) has described the case of a female infant who died asphyxiated, owing to the retraction of the base of the tongue so far back into the pharynx, that it pressed on the epiglottis and closed the larynx. This accident was the result of a congenital defect of the frænum linguæ, and malformation of the lower jaw. In a second case, a similar condition, though to a less extent, existed, and the child was reared by much care and constant watching. (*West's Report for* 1844–45.)

An instance of the unsuccessful puncture of the head in a case of chronic hydrocephalus occurred in the practice of Sir J. Fife (*Provinçial Medical and Surgical Journal,*) Dr. West, (Report for 1844–45) states that of 60 recorded cases in which puncture of the brain was performed, 17, or one in $3\frac{1}{2}$ had a favourable termination, or in other words, the recoveries have been to the deaths in the proportion of 28 per cent.

M. Trousseau, (*Gazette des Hôpitaux,*) states that, nothwithstanding the brain is examined in all children who die at the Hôpital Necker,

the granulations of the membranes of the brain supposed to be of a tubercular character, are very rarely met with, except in those cases in which cerebral symptoms have existed during life; while they are always detected, in greater or less numbers, in those patients who die of affections of the head. M. Trousseau regards them as not tuberculous but fibrinous, in their nature. He distinguishes the recent granulations from those which are chronic. The former being yellow, soft, and exactly like the masses of fibrine so often met with at the base of the brain, while the chronic deposits are precisely like the old granulations often found on the surface of other serous membranes. These conclusions, remarks Dr. West, (Report 1844–45) do not quite agree with the results of Dr. H. Lebert's microscopic researches into the structure of these bodies, (*Müller's Archiv.*) He describes them as being composed of the following elements: fibrous tissue, derived from the serous membrane around them; tubercle corpuscules situated between the fibres of this tissue; a little granular matter, and a considerable quantity of a hyaline matter, intermingled with their more solid constituents.

Dr. Fourgeaud, informs us, (*St. Louis Medical and Surgical Journal, Dec.* 1845,) that he was encouraged by the success of Drs. Christie and Woniger, (*see our last Report*) in the treatment of cases of acute hydrocephalus by iodine, to resort to the topical application upon the scalp of an ointment composed of 6 grs. of iodine, 24 grs. of hydriodate of potassium to one ounce of simple cerate, in four cases of cholera infantum, in which coma had ensued. A portion of the ointment of about the size of a cherry, was rubbed into the scalp every six hours. In two cases, the alarming symptoms disappeared within a few hours after the first application, and after a second application in the other cases. In one of the cases, four leeches were applied behind the ears, upon the mastiod process, half an hour before resorting to the ointment, and in all, sinapisms were applied to the extremities.

Dr. Fourgeaud states, that he has, also, applied with benefit, the same ointment upon the abdomen in cases of cholera infantum, at longer or shorter intervals, according to circumstances and the irritation produced by it upon the skin. "I am led, he remarks, to prefer iodine as a counter irritant in this disease; for while it possesses all the advantages of other irritants, its action on the glandular system should be considered in a malady in which the intestinal follicles are almost invariably diseased."

We have employed the iodine both externally and internally in the manner directed by Dr. Christie, in a number of cases of children in which the symptoms indicated either cerebral congestion or effusion, and have, we think, always derived benefit from its use, and in some instances, the symptoms of serious disease of the brain have appeared to give way under its employment with very surprising

rapidity. Although by no means a certain, we nevertheless consider it to be a very important remedy under the circumstances referred to.

Dr. J. F. Duncan, read before the Medical Section of the British Association for the Advancement of Science, at their meeting in July, 1845, an account of a peculiar form of epidemic, observed in Dublin among children, during the winter of 1844–45. The attack was ushered in by considerable fever, and after an interval of some days the gums were found to be partially ulcerated at the insertion of the teeth, the fangs becoming exposed; the gums also became swollen, red, and spongy, and exhibited a considerable tendency to bleed, insomuch that hæmoptoe occasionally resulted from this cause. The disease was very severe, and in most cases, either directly, or in consequence of relapses, terminated fatally; it seemed to be a part of a deeper seated affection, namely, enteritis of an extensive and severe kind. Its importance, in a pathological point of view, arose from the liability to confound it with the ulceration of the gums, which is the consequence of the administration of mercury, (*Athenæum, July*, 1845,) we have repeatedly met with cases of disease similar to that described by Dr. Duncan, but have never known it to prevail as an endemic or epidemic.

A case of retro-pharyngeal abscess, occurring in an infant four months old, is described by Dr. O'Ferrall, (*Dublin Hospital Gazette, March*, 1845.) The patient was saved from impending suffocation by puncturing the swelling, an operation which it was necessary to repeat several times. Dr. O'Ferrall, recommends that a bistuory, with a short cutting edge, should be used, in opening these abcesses, in preference to a trochar; as there is a danger, from the tough, unyielding nature of their parieties, that the trochar may strike upon the vertebral column before penetrating them.

Whilst the attention of the practitioner has been constantly drawn to the frequent occurrence of bright green dejections in the ailments of infants, but little has been done towards determining their real nature and chemical composition; the only analysis upon record was that of Simon, in his Medico-Analytical Chemistry, until the subject came under the notice of Dr. Golding Bird, of London. Being furnished by Dr. Forbes, with a well marked specimen of the green evacuation alluded to, he undertook its analysis. The matter was passed by a hydrocephalic infant whilst under the influence of mercury, and presented the following characters. It was a dirty green turbid fluid, which, by repose in a glass vessel, separated into three very distinct portions; 1, a supernatant fluid, of oil-like consistence, presenting a brilliant emerald green colour; 2, a dense stratum of mucus, coagulated albumen, and epithelial debris, mixed

with red particles of blood; 3, a deposit, occupying the lower part of the vessel, of large crystals of triple phosphate of magnesia and ammonia, in fine prisms of an apple-green colour.

The supernatant emerald-green fluid was decanted for examination.

It was faintly alkaline, possessed a broth-like colour, and a density of 10.20

The addition of a few drops of nitric acid did not alter the colour, even after ebulition. A larger quantity of the acid being added whilst the mixture was boiling, converted the emerald-green colour into a pinkish yellow; the green colour was not restored by the subsequent addition of an alkali.

Acetic acid scarcely affected the green fluid, producing no apparent coagulation of mucus.

A solution of acetate of lead threw down a copious greyish-green tenacious precipitate, leaving the supernatant fluid colourless.

Bichloride of mercury produced a light green precipitate, leaving the supernatant fluid pale, but not decolouring it.

Analysis—1. 1000 grains of the green fluid left by careful evaporation, gave a deep olive green, highly deliquescent, extract, weighing 100 grains.

2. This extract (1.) being immersed in alcohol of 0.837, formed a mass like bird lime, which could not be mixed with the spirit. Even after long boiling, it appeared hardly to diminish in bulk.

The clear tincture being decanted, left, however, an extract weighing 30 grains. This residue possessed the yellowish green colour of faded leaves, an odour of fresh broth, and a sweet sub-astringent taste, with a very slight admixture of bitterness.

3. The alcoholic extract being carefully incinerated, left 5. 5 grains of ashes, consisting chiefly of choloride of sodium mixed with mere traces of tribasic phosphate of soda (3 Na O, P2, O5.) It was alkaline, but did not effervesce with acids.

4. The residue, insoluble both in water and in alcohol, weighed 57 grains, and consisted almost entirely of coagulated albumen, dry mucus, and modified blood. It left by incineration, 1 grain only of ashes, consisting almost entirely of brick-red sesquioxide of iron.

The following is a view of the results of the examination:

Alcoholic Extract.	Organic	24.50
	Inorganic	5.50
Aqueous Extract.	Organic	11.25
	Inorganic	1.75
Insoluble Matter.	Organic	56.00
	Inorganic	1.00
Water and volatile Matter		900.
		1000.

Regarding the chemical constitution of the organic portion of the alcoholic and aqueous extracts; the former consisted chiefly of fatty matter, cholesterine, and a green substance, probably identical with the so called *biliverdin*, with mere traces of bile, barely sufficient to communicate a bitter taste to the extract, and in too small a quantity to leave any carbonate of soda in the residue of incineration. The aqueous extract consisted chiefly of ptyalin, and the extractive matter comprehended what is included under the general term of "*extrait de viande*," by Berzelius. The composition of the fluid part of the green evacuation may therefore be thus expressed:—

Biliverdin, alcoholic extractive, fat, cholesterine, with traces of bile,	24.50
Ptyalin, aqueous extractive coloured by biliverdin,	11.25
Mucus, coagulated albumen and hæmatosine,	56.00
Choloride of Sodium, with traces of tribasic phosphate of Soda,	5.50
Tribasic phosphate of Soda,	1.75
Sesquioxide of Iron,	1.00
Water,	900.00
	1000.00

An analysis of a green calomel evacuation has been recorded by Simon. He has not given the proportion of solids and water present, but merely detailed the composition of the dry extract which consisted of

Soluble in Alcohol.	Bile, bilifellic acid, biliverdin,	21.4	42.4
	Fat, containing cholesterine,	10.0	
	Alcoholic extractive,	11.0	
Ptyalin, aqueous extractive			24.30
Albumen, mucus, epithelial cells,			17.10
Saline matter,			12.90
			96.7
		Loss	3.3
			100.

That bile may, and often must, be present in large quantity in the fæcal dejections in disease, is certain; but that it is necessarily present in the green evacuations so common in early infancy, and under the influence of mercury, may be questioned. In Simons's analysis a large quantity of bile was found, but in the specimen examined by Dr. Green, but mere traces were detected. If any quantity of this secretion really existed, the alcoholic extract must have tasted bitter, and the ash must have contained an alkaline carbonate, as from the sparing solubility of phosphate of soda (HO, 2 Na O, P2 O5) in alcohol, there could not have been sufficient of this salt present to

unite with the soda of the bile to form during ignition the alkaline phosphate (3 Na O, P2. O5).

Dr. Green has assumed, that the green colour of the matter examined was owing to *biliverdin*, a conventional term for a substance very imperfectly understood, and very likely applied to substances essentially distinct in their nature. It must, however, he remarks, be borne in mind, that green colouring matter may be possibly generated in the animal economy from the action of certain matters on the hæmatosin or coloring matter of the blood. Thus it is well known that when blood is exposed to the influence of sulphuretted hydrogen gas, it acquires a deep olive-green colour when viewed by reflected, and a dingy red, by transmitted light, phenomena identical with those presented by the colouring matter of bile. Attention has been drawn to this remarkable fact by professor Gmellin. Upwards of ten years ago a series of researches on the action of oxydating agents upon blood, were published in the London Medical Gazette (August, 1835,) by Drs. Brett and Green. In the paper referred to, two products of the action of nitric acid upon a clot of blood were described, an olive-green sweetish astringent substance, and an intensely bitter yellow one; to the first the conventional term of *chloro*-hæmatin, was applied and of *xanthehæmatin* to the second.

Since, then, the coloring matter of blood is fully capable of being converted into green pigments under the influence of different agents, it must, Dr. G. thinks, be admitted, that we are not to assume the green colour of an animal excretion as of necessity depending upon the presence of an excess of bile; and when chemical analysis fails to indicate the presence of any quantity of this secretion in a bright green evacuation, it is but legitimate to seek for some other cause of this tint. The proportions of the so called *biliverdin* very closely approach to those of the *xanthe-hæmatin* before alluded to; and Dr. G. confesses that he is induced to regard the green colour of the emerald and "chopped spinach" stools of children as depending upon the presence of modified blood, rather than on an excess of bile.

Believing that the green stools alluded to are but a form of melœna, Dr. G. has often closely questioned the nurses of children voiding them, regarding the appearance of the evacuations before and after the developement of the green colour, and has almost constantly been told that streaks, or even clots of blood, had been observed. He regards, therefore, the presence of green stools as indicative, not of a copious secretion of bile, but of a congested state of the portal system, in which blood is exuded very slowly, and in small quantities, so as to allow of the colour being affected by the gases and secretions present in the intestines, a state of things capable of readily ending in melœna, in which the effusion of blood is so copious and sudden as not to give time for the occurrence of the changes alluded to. There is, moreover, a peculiarity in the green dejections

of children and others, whose portal circulation is congested, which Dr. G. believes to be, so far as he is aware, quite distinct from any property presented by mere bile under similar circumstances; this is the effect of exposure to the oxygenating influence of the air upon them; when first voided, the "chopped spinach" stools are, in the majority of cases, of a bright-orange colour, and they assume their characteristic grass-green hue only after exposure to the air. The time required for this change varies remarkably. Dr. G. has seen an orange colored stool become green in a few minutes, and, in the same patient, only a day or two afterwards, many hours may have been required to produce the same change. (*London Medical Gazette.*)

Dr. Weisse (*Journ. f. Kinderkr.*) recommends in those cases of diarrhœa with rapid emaciation, which come on after weaning, where it is not possible to procure for the children a good nurse, two table-spoonfuls of raw beef finely shred, to be given in doses of one fourth part at regular intervals, during the twenty-four hours; the quantity to be subsequently gradually increased to as much as the patient will take. Under this treatment, he states, that the diarrhœa gradually ceases, and the child regains its flesh. He proposes to experiment on the use of osmazome, since he has found the animal fibre, in the cases in which this treatment was pursued, to be nearly unchanged in the evacuations.

It is unquestionably true, that in the treatment of the ordinary forms of diarrhœa occurring in infants, animal broths, the gravy of meat, dissolved jellies, and animal sustances of a similar character, are preferable as articles of diet, to the vegetable substances which have heretofore been recommended. Under the use of the latter we have repeatedly found the diarrhœa to be augmented. Dr. Stewart, of New York, in the Medical Journal of that city, has presented some very valuable, and we have reason to believe, correct remarks on the use of animal jellies and broths, in the cholera of infants. This subject is one which deserves the serious attention of the profession.

Mr. James Syme, (*London and Edinburg Monthly Journal of Medical Sciences for July*, 1845,) thus describes the polypus of the rectum as it occurs in children, a form of this affection which he has never met with excepting in one case, beyond the 9th or 10th year.

The polypus is extremely soft and vascular, of a florid red colour, and assumes the form either of a worm from two to four inches in length, or of a strawberry, with a connecting foot stalk, two or three inches long. It seldom protrudes except when the bowels are evacuated, and then admits of ready replacement, though not without occasional hemorrhage, which may be of considerable amount. In the removal of the tumor, Mr. Syme has always employed the ligature, and though the soft texture readily gives way when the thread is drawn, bleeding has never occurred in a single instance,

nor has any other symptom in the least degree disagreeable resulted from this mode of removal.

M. Trousseau, in a paper contained in the *Journ. de Méd.* gives his views of the pathology of what is denominated *thymic asthma*, a disease, in which the thymus gland is supposed to give rise to convulsions and sudden death in infants, by its enlargement. The existence of such an affection was, from the first, questioned by French pathologists, and M. Trousseau now states that his researches have proved to him, in the most satisfactory manner, there is no such disease. He confesses that the facts brought forward by the German physicians must be admitted, but contends that the interpretation which they give to those facts is erroneous; and, that instead of being instances of an undescribed form of disease they are merely illustrations of *partial convulsions*. The analysis of the phenomina of convulsions in children has proved to M. Trousseau, that such is the real nature of the cases narrated by Kopp and other physicians as examples of thymic asthma, as well as, partly, of others described under the name of *laryngismus stridulus*, or *acute asthma* of *Millar*. The following brief analysis of M. Trousseau's views on this subject are from the *London Lancet*.

In children, convulsions (*éclampsia*) generally present the epileptic form. The child screams, becomes stiff, twists its body, the thorax being fixed, and the respiration suspended. The face, at first pale, becomes violet; the veins are distended; then follow clonic spasms, at first rapid, then slow; after which, a deep expiration and general muscular relaxation close the fit, leaving more or less somnolence and stupor. The attack lasts one or two minutes; one paroxysm may be followed almost immediately by another; indeed they may succeed each other indefinitely, constituting an "*état de mal.*" But when this is the case, the convulsions are not continuous, although sometimes considered so. They may, however, be continuous, and last for hours or even days. When this is the case, the attack is often ushered in by an epiletic paroxysm, as above; but the spasms, instead of ceasing, are repeated every second, or at very short intervals. The convulsions are continuous, because there is never any complete cessation, nor the deep stupor which follows an ordinary paroxysm. In this form of convulsion the child, although convulsed, does not lose all consciousness, an important feature in the disease. He cries to express a want or to complain of a pain, and is able to withdraw his hand when it is pinched or tickled. The convulsion is not, therefore, as universal as it appears; it is rigorously speaking, *partial*.

Convulsions may be still further localized. After a severe epileptic attack, one-half of the body may remain for some hours affected with clonic spasmodic motions, and yet the intellect of the child be clear, and the motions of the other side of the body harmonious.

The convulsions hitherto described, are easily recognised; but convulsions may be internal as well as partial, and then they are by no means so easy to appreciate; then, also, it is, that difference of opinion as to the interpretation of the symptoms begins to be entertained. *Internal* convulsions are *partial* convulsions, occupying more particularly the muscles of the globe of the eye, of the pharynx, of the larynx, and of the apparatus of respiration. The most ordinary form of internal convulsion is characterized by a turning of the globe of the eye, with mobility of the pupil, nearly total loss of consciousness, or, at least, a certain amount of stupor, extreme difficulty or impossibility of deglutition, and a respiration uneven, sometimes scarcely perceptible, sometimes deep and blowing—in a word, by an attenuation of most of the phenomena of epilepsy; and by an absence of the violent convulsions of the limbs and face.

Sometimes the diaphragm, and the inspiratory muscles of the abdomen and of the chest alone act, and then for one or two minutes, a peculiar laryngeal blowing sound is heard, as if there existed an obstacle to the entrance and to the exit of the air. If the proper muscles of the larynx are, at the same time, convulsed, as their motions do not coincide, the disordered condition of the respiration appears alarming, although, it is only really so when this state is much prolonged. Such is the real explanation of those states of disordered respiration which have been called *thymic asthma*, or *laryngismus stridulus:* a want of harmony between the spasmodic motions of the diaphragm and the muscles which move the arytænoid cartilages, is sufficient to produce the laryngeal sibilus, the orthopnœa. In the regular act of inspiration, the superior part of the larynx opens at the same time that the diaphragm descends, and produces a vacuum in the chest. If the contraction of the diaphragm takes place too rapidly, and if, at the same time, there is spasm of the larynx, as in whooping cough, the inspiration becomes nearly impossible, and is accompanied by a violent sibilus. In the case which we are examining, however, it is not necessary to call to our assistance a want of harmony between the movements of the diaphragm and those of the muscles of the larynx; it is sufficient to suppose, that the will or the instinct no longer presides, for a moment, over the movements of the arytænoidean cartilages; the muscles which move them, no longer obeying any nervous impulsion, are, for the time, in the condition of those animals in whom the recurrent laryngeal nerve has been divided.

The above details explain how it is that thymic asthma, so frequent in the eyes of some observers, is never found by others. The former attribute to an increase in the size of the thymus, accompanied by paroxismic accidents, what the latter consider to be merely one of the forms of convulsions in children. The thymus, like the supra-renal capsules, is an organ of transition, destined to become atrophied after the birth of the human fœtus, and less than any other

organ likely to be hypertrophied. During the six years that M. Trousseau has been at the head of the wards for very young children, he has *not once met with the thymus gland sufficiently enlarged to give rise to the slightest accident.*

M. Trousseau concludes his essay, by promising, in a future article, to point out the connection which exists between convulsions and laryngismus stridulus and the acute asthma of children. At the same time, he thinks it right to state, that these latter diseases are not mere forms of infantile convulsions, as is the case with thymic asthma.

In a paper by Dr. Hennis Green, on the seat of tubercle in the lungs of children, and on pulmonary phthisis in the young subject, he remarks, that the main character by which the phthisis of children is distinguished from that of adults, is the much larger surface of the lung it occupies, its more rapid secretion, and its more frequent complication with tubercular disease of other organs. Hence, children often sink under phthisis before the complaint has arrived at its third stage, while, on the other hand, the modifications produced by an extensive diffusion of tubercular matter, often render the diagnosis obscure and difficult. We have, in addition, the peculiarities occasionally induced by extensive tuberculization of the bronchial glands, a form of disease altogether confined to the child.

The physical signs are rarely as well marked as in the adult, and the young child frequently dies before the practitioner is able to decide whether the lung is actually the seat of cavern or not. The cause of which is, that in children, the tubercular matter is widely diffused, and has implicated many important viscera; in the brain it may excite hydrocephalus or meningitis; beneath the serous membrane of the chest, pleurisy; in the abdomen, peritonitis; in the intestines, ulceration. These complications rarely fail to undermine the resisting power of the little patient; diarrhœa sets in, and death ensues long before the period at which a fatal termination takes place in the adult.

Dr. Green notices an important modification that should guide the practitioner when he seeks to determine the existence of a cavern in young children, viz: that under five years of age, the cavernous excavation is generally seated in the lower or middle lobes, and is almost always confined to one side of the chest.

Infants, and children under five years of age, hardly ever expectorate. They swallow every thing that comes up into the mouth from the lungs. Hæmoptysis is an exceedingly rare symptom. The symptoms which constitute hectic fever in the adult, are seldom present in any marked degree.

To show that the general diffusion of tubercular matter forms a striking characteristic of phthisis in children, Dr. Green compares some of M. Louis's results with those deducible from a table of 180

cases which fell under Dr. G.'s own observation. Thus, in 358 cases of phthisis in adults, M. Louis notices the existence of tubercular matter in the brain or its membranes only *once*. In the bronchial glands, tubercles were found in about *one-fifth* of the cases; in the mesenteric glands, in *one-fifth*; in the liver, only *twice*; in the kidneys, *five* times in 170 cases; on the other hand, ulceration of the larynx existed in *one-fourth*; ulceration of the bowels, in *five-sixths* of the cases.

The history of phthisis in children, presents us with very different results. The brain was affected in *one-ninth* of the cases; the bronchial glands, in 100 out of 112; the mesenteric glands in *one-half*; the liver, in *one-ninth*; the kidneys, in *one-eighteenth*; but ulceration of the larynx occurred only *once*; and ulceration of the bowels, *sixteen* times in 112 cases.

The bronchial glands, as stated, were more or less affected in 100 out of 112 cases. In a few of these cases only, were the glands sufficiently enlarged to produce symptoms through their mechanical effects, or by communication between caverns in the lungs and the bronchi, and to such cases the term bronchial phthisis should be confined. Understood thus, this form of phthisis is peculiar to children, and attended with very characteristic symptoms; but it is not as some writers assert, of frequent occurrence.

The enlarged bronchial glands may act mechanically on the neighbouring organs contained in the chest, or they may perforate them. Hence, a variety of symptoms depending on the position or function of the injured part. Thus, the aorta and pulmonary artery, the vena cava, or the pulmonary veins, may be compressed by the tuberculated glands, and the flow of blood more or less impaired. M. Tonnelle has related a case in which the superior cava was completely obstructed, and Dr. Green has seen one where the pulmonary artery was perfectly flattened between two enormous glands. From the compression of vessels may arise, pulmonary apoplexy, fatal hemorrhage, effusions of serum, or symptoms closely resembling those of organic disease of the heart. The trachea, bronchial tubes, and lungs, may be compressed, and in such cases the symptoms will vary considerably, according to the seat and extent of the mechanical lesion. When the ganglions act on the lower portion of the trachea, MM. Rilliet and Barthez have noticed the existence of a loud, sonorous ronchus, which persists for a considerable length of time. In other cases, the pressure on the large bronchial tubes causes more or less feebleness of the respiratory murmurs, which is remarkable in being intermittent.

Pressure on the eighth pair of nerves or its branches, is often attended by very peculiar modifications of the voice and cough. The former is hoarse or occasionally subdued, and even lost, or the hoarseness and loss of voice may alternate. The cough, also, is frequently hoarse, or occurs in fits, which bear a close resemblance to

those of hooping cough, but are not followed by vomiting; or the fits may simulate accesses of asthma, with great oppression of breathing, anxiety, agitation, congestion of the head, and cold viscid sweats.

The enlarged or softened glands give rise to another order of symptoms, by perforation of the neighbouring parts. Thus, fatal hemorrhage may arise from perforation of the pulmonary artery; pneumo-thorax, from perforation of the lung; difficulty of deglutition, and accesses of cough on swallowing, from perforation of the œsophagus; but we should observe, that these symptoms may equally depend on the pressure of tubercular matter, or of a cavern in the lungs.

On the subject of the diagnosis of this form of phthisis, Dr. Green remarks;—Whenever a child presents several of the rational symptoms of consumption, without our being able to detect any physical signs of the presence of tubercles in the lungs or abdomen, we have good reason to suspect that the bronchial glands are tuberculated. As long as the case continues to present this simple aspect, we cannot go beyond suspicion; but it rarely happens that the glands acquire a considerable degree of development, without acting on the surrounding parts or tissues. As these become successively involved we have a series of varying symptoms, which could not arise from any other source. The eye-lids become œdematous, and in proportion to the degree of pressure on the vena cava, the œdema extends to the whole of the face, which is sometimes pale, sometimes tinged with venous injection. This œdema will appear and disappear several times during the course of the disease. The cough suddenly changes its character, and occurs in fits, like those of hooping cough; the voice gets hoarse, and for days may be altogether lost; fits of asthma or of suffocation, as if the heart were diseased, occur. On examining the chest, we hear a loud sonorous ronchus, which persists for a length of time, and then disappears, or is replaced by other ronchi of an anomalous character. When these symptoms are superadded to the rational signs of phthisis, we can have little hesitation in deciding that they arise from tubercular enlargement of the bronchial glands. (*Med. Chir. Rev.*)

M. Cless, of Stuttgard, has also published the results obtained from the examination of upwards of 180 bodies affected with tubercular disease. In 152 autopsies of adults affected with tubercles, M. Cless found the lungs free from tubercles 6 times. In 21 autopsies of children, he only found the lungs free from tubercles *once*. This was in a boy 11 years of age, who, besides a considerable serous effusion into the ventricles of the brain, had two large masses of tubercle in the cerebellum, many small ones on the surface of the liver, and caries of the vertebræ.

In 146 adults affected with tubercles in the lungs, there were only 35 in whom the disease was confined exclusively to the lungs. In children, M. Cless found only *three* cases out of *twenty* in which all

other organs were free. In 146 adults, in whom the lungs were diseased, vomicæ were found 105 times. In children there were only *nine* cases out of *twenty*, in which they were found. Usually, the younger the child the less frequent is the occurrence of vomicæ. The very young ones most commonly sink, according to the observations of M. Cless, under an acute tuberculization, which causes death before passing on to suppuration; moreover, young children are frequently carried off, by other diseases superadded to the tubercular deposit, such as acute hydrocephalus, &c.

M. Cless never found the bronchial glands in children affected with tubercular deposit without the existence of tubercles in the lungs also.

In 13 adults and *one* child there were tubercles in the pleura. In 61 adults, and four children, the tubercles were limited to the peritoneum *eight* times. The four children were between six months and ten years of age.

In 152 adults affected with tubercles, the small intestines were affected 83 times, and the large intestines 37 times,—and in 21 children the small intestines were affected 7 times, the large ones only *once*. Among 152 adults, 32 had tubercles in the mesenteric glands, while they occurred in these glands in 7 out of 21 children. In all the cases tubercles were found in other organs.

Tubercles in the liver occurred once in an adult, twice in children, while other organs were affected. In 4 adults and 12 children, the spleen was affected with tubercles, these at the same time existing in other parts of the body. In children, M. Cless remarks, the parenchyma of the spleen is often completely invaded by tubercles. In the kidneys, tubercles were met with *four* times in adults, and three times in children.

Of five children, aged from 8 months to 11 years, in whom the membranes of the brain presented tubercles, 4 died of acute hydrocephalus. In all there were tubercles in the lungs and other organs also. The tubercular granulations had always their seat on the external surface of the arachnoid, between this membrane and the pia-mater, never within the cavity of the arachnoid. In 27 children who died from tubercles, four had tubercles in the brain, as also in other organs; M. Cless never found any in the brain of adults. Besides, in the mesenteric and bronchial glands, M. Cless found tubercles in the glands of the neck in *five* adults and *one* child. (*Gaz. Med. Jan.* 1845.)

At the meeting of the Medical Society of London, held January 1845, Dr. Waller stated, that he had recently employed the extract of belladonna, in two cases of hooping cough with the best results. He gave it, in the dose of one-twelfth of a grain, three times a day to a child 4 years of age. In these cases there was simply the spasmodic cough, without any indication whatever of the existence of

inflammation. Mr. Crisp remarked, that in the majority of cases, he had found the antiphlogistic plan of treatment to be the one best adapted to the early stages of hooping cough. He viewed the disease generally as inflammatory, or at all events congestive. Contrasting the antiphlogistic treatment (leeches followed by blister and the use of tartar emetic) with that which he had formerly pursued, he had every reason to be satisfied with the change he had made. The prussic acid he had usually found to be of service only for a day or two.

Dr. Wiltshire had treated, at the Infirmary for Children, simple uncomplicated hooping cough with two or three emetics of ipecacuanha—one every morning or second morning—followed, for two or three days, with nauseating doses of antimony, and had found this plan of great service in the early stages of the disease. Hemlock and ipecacuanha were of benefit afterwards in relieving the cough. With respect to belladonna, he was fearful of its employment, for notwithstanding the evidence in its favour, adduced by some of the German physicians, others had found that this medicine had a tendency to increase vascular action in the brain, and to produce hydrocephalus.

Dr. Chowne laid particular stress, in the treatment of hooping cough, on the necessity of keeping the patient in a warm temperature, and using every means to prevent his taking cold—nauseating doses of ipecacuanha, he considered to be frequently of benefit. With reference to the production of emphysema by hooping cough he did not believe it possible.

Dr. Clutterbuck viewed the disease as one of a specific character, resulting from a specific cause—it was a specific inflammation of the bronchial membrane, but apt to induce inflammation of other organs, as the lungs or head, and it was these complications that constituted the dangerous character of hooping cough. He had little confidence in any remedy for this affection. The disease should be narrowly watched, with the view of prevention, rather than of active treatment—if mild, nothing was necessary to be done, it would terminate spontaneously—if inflammation of the brain, lungs or other organs was threatened, antiphlogistic measures were demanded.

Dr. Golding Bird regarded hooping cough, in its first stage, as invariably an inflammation of the bronchial tubes, larynx and trachea, of a specific character, and implicating, in some peculiar manner, the par vagum. This inflammation lasted for a definite period, which is influenced by constitution and other causes. In its second stage, the disease is *nervous*—the specific irritation of the *par vagum* being kept up, altogether independent of inflammation; or when this is present it is merely accidental: the disease is afterwards kept up by the influence of habit. In the first stage the remedies for bronchitis (emetics, diaphoretics, the warm bath, and a warm temperature) are

advisable. When the inflammatory stage is passed; attention should be directed to subdue irritation in the par vagum by narcotics—such as conium, in conjunction with the cabonate of potash, hemlock, and hydrocyanic acid. Embrocations to the spine and chest are also useful. When bronchorrhœa becomes troublesome, small doses of alum, with sedatives, are of advantage. When the bronchorrhœa has ceased, tonics are indicated—the kind of tonic to be determined by the constitution of the patient. Emphysema does not occur as the consequence of hooping cough.

The president of the society had found in some cases where belladonna was given, that the poisonous, rather than the curative effects of that remedy developed themselves, even though the doses administered were remarkably small. With reference to the irritation of the par vagum in hooping cough, he related a case in which this nerve had become exposed, from the formation of an abscess, or other cause; and it was remarkable, that when the nerve was in contact with the air, a spasmodic cough resembling that of pertussis was produced: when the nerve was covered over by a cicatrix, the spasmodic cough ceased.

Dr. Golding Bird remarks (Guy's Hospital Reports, April, 1845) that, in the second or nervous stage of pertussis—after all inflammatory symptoms have subsided; and when, with a tolerably cool skin and clean tongue, the patient is still severely distressed by the more or less copious secretion of viscid mucus from the bronchi; each attempt to get rid of which, produces the exhausting and characteristic cough; no remedy will be found to act so satisfactorily, or to give such marked and often rapid relief to the child as alum. He has not yet met with any other remedy which is equally efficacious. Dr. Bird generally gives the alum in doses of from two to six grains in children of from one to ten years of age, repeated every four or six hours. For a child of two or three hours he employs generally the following formula:—

℞ Aluminis gr. xxv; extr. conii gr xij; syrup. rhædos. ʒij; aq. anethi ʒiij. m. Dose a medium sized spoonful, every sixth hour. Dr. B. has never met with any inconvenient stringent effects on the bowels during its exhibition; on the contrary, in more than one instance it produced, he says, diarrhœa. The only obvious effects resulting from its use were, diminished secretion, and of a less viscid mucus, with a marked diminution in the frequency and severity of the spasmodic paroxysms.

One of the most important contributions, remarks Dr. West (*Report for* 1844-45), that has been made of late to our knowledge of infantile diseases, is the essay of MM. Bailly and Legendre, in the *Archives Gen. de. Med. Janv. Fevr. Mar.* 1844, on what is usually termed *lobular pneumonia.* They attack the generally received opinion of the inflammatory nature of this condition, which they regard

as analogous to the state described by Jörg as atelectasis pulmonum. They conceive that this which they call the "*fœtal state*" of the lung is not invariably congenital, but that it may supervene afterwards, under certain circumstances.

The following conclusions embody the more important results of their researches:

1. In the bodies of children who have been rhachitic, weakly, or exhausted by previous disease, a number of the lobules of the lungs are found in a peculiar state of condensation, similar to that of the fœtal lung. 2. This fœtal state, which consists in occlusion of the vesicles, may result from the mere contractility of the tissue, or may depend on congestion of the vascular net work exterior to the vesicles. The former is the simple, the latter the congestive form of this affection. The congestive form is usually met with along the posterior border of the lungs, and generally accompanies catarrhal inflammation of the vesicles. 3. In either of these forms of the fœtal lung, insufflation reproduces, more or less completely, the natural condition of the lobules. 4. Though occasionally met with unassociated with inflammation, yet, in by far the majority of cases, this condition becomes developed under the influence of catarrh and catarrhal pneumonia. 5. When unattended with catarrh and involving only isolated lobules, this condition cannot be detected till after death, but in the new born infant it usually affects the lobar form, is attended by the physical signs of deficient respiration, and associated with the absence of all signs of constitutional reaction. 6. It is essentially different from hepatization, is produced by causes which interfere with the free performance of respiration, and is to be treated by remedies the reverse of antiphlogistic. 7. Lobular pneumonia, has, strictly speaking, no existence, since the action of inflammation is never confined to a single lobule, as is the case with the fœtal state of the lung. *Partial Pneumonia* would therefore be a fitter term. 8. Insufflation does not modify the patches of true hepatization, while the bronchi leading to such hepatized nodules are exempt from catarrh; two characters which distinguish partial pneumonia from the lobular engorgements of partial pneumonia.— 9. True partial pneumonia is by no means common in children, though when hepatization does occur, in children under five years of age, it almost always affects the partial form. The statements, therefore, that have been made with reference to the variety of lobar pneumonia in infancy are correct; but almost all that has been said about the extreme frequency of lobular pneumonia at that age, must be taken as referring to the fœtal state of the lung. 10. Catarrhal pneumonia consists in the extension of the catarrhal inflammation from the bronchi to the pulmonary vesicles. This inflammation may affect healthy lobules, or those in the fœtal state. In the latter case it gives rise to appearances which have led to the supposition that these lobules were the seat of a parenchymatous inflammation.—

11. Capiliary bronchitis and generalized lobular pneumonia are but two forms of catarrhal pneumonia, which differ according as in the one the catarrhal element, or as in the other the lobular congestion predominates. 12. These facts explain why depletion was seldom appropriate to the treatment of what was called lobular pneumonia.

Simple, as the process was by which these results were obtained, no one had previously employed insufflation as a means of ascertaining the real nature of lobular pneumonia and carnification of the lung in children. Dr. West has repeated the experiments of MM. Bailly and Legendre on many occasions, and fully substantiates the correctness of their statements.

It is asserted by M. Bouchut, that even true hepatization may be removed by insufflation; in this, however, he is decidedly wrong. The hepatized portion may sometimes be made to assume a brighter colour, but not to resume the texture of healthy lung, as is the case with lung in the fœtal state.

Dr. Ranking, in his Report on the Progress of Practical Medicine, notices the paper of Dr. Alison, calling the attention of the profession to the not uncommon occurrence of pericarditis as a complication of scarlatina. The author cites the names of those writers who do, as well as those who do not, allude to this subject, and it appears that the latter are greatly in the majority. From this fact alone, we should be disposed to think that the frequency of the complication has been somewhat exaggerated. That the pericardium, however, is liable to inflammation in the course of scarlet fever, may be seen in the writings of Drs. Joy and Burrows, as mentioned by the author, in those of Dr. Golding Bird, and likewise in the Stuttgard Collection of Children's Diseases, where the occurrence of purulent collections in the pericardium during scarlet fever is alluded to by Von Ammon. There does not appear to be any peculiarity in the type of the fever in which this complication exists, neither does it require any special modification of the treatment which is best adapted to the idiopathic disease: it is necessary merely to bear in mind, that as it supervenes upon an affection which depends upon the imbibition of an animal poison, great circumspection is necessary in the employment of depletory measures.

Dr. Wilshire combats the opinion that the dropsy which follows scarlet fever, is, in general, an inflammatory disease, and maintains, on the contrary, that it is rather one of an asthenic character. In this view of the case we entirely concur, believing it to be especially true as regards the children of the poor, who from circumstances, the operation of which is sufficiently evident, are particularly exposed to the sequelæ of eruptive diseases. Dr. W. speaks highly of the iodide of potassium in a bitter infusion, as a remedy in these cases.

Dr. Golding Bird, who took part in the discussion which was eli-

cited by the enunciation of the foregoing opinion, speaks of two forms of scarlatinous dropsy, one simple and manageable, the other highly dangerous, inasmuch as the blood contains some of the uneliminated elements of the urine. In another place he endeavors to explain the more frequent supervention of the dropsical symptoms upon the slight than the severe forms of the eruption, somewhat after the following manner. He supposes it to be conceded that the disease originates in a poison, the primary location of which is in the blood. The two principal features of the disease namely, the eruption on the skin, and the erythematic excitement of the mucous surfaces, are the means which nature makes subservient to the elimination of this poison. If, therefore, the rash be well developed, the system is effectually disembarrassed of the morbific agent, but if not, the poison not being all excreted, some of its recognised after effects result. The manner in which these effects are induced, is by the efforts of the system to eliminate the morbid matter remaining in the blood after the subsidence of the exertion by one or other of the emunctories of the body. The kidneys are the organs by which matters in solution in the blood are usually excreted; and either from deficient determination to the skin in the first instance, or from the application of cold subsequently, are made to assume a supplementary duty; their capillaries therefore become dilated, and congestion ensues. The consequence of this is a double lesion of their function; on the one hand, exudation of the albuminous element of the blood, and on the other retention of the nitrogenized products. Contemporaneously with this, serous effusion generally, but not invariably occurs.

Dr. Corrigan describes a peculiar and very fatal form of scarlatina anginosa, which he states has not been noticed by any preceding writer. In this, however, he is in error, as the same form is clearly alluded to by Dr. Watson in his lectures, who, it may be observed, also acknowledges its great severity. This variety of the disease consists in the rapid swelling of the parts beneath the angle of the jaw, without any corresponding inflammation of the throat internally. The swelling occasionally arrives at an enormous size, and the child usually sinks under the sloughing of the cellular tissue, or from the effects of pressure upon the cervical blood vessels. Dr. Corrigan especially warns the surgeon against opening the tumor, or making any incisions through the integuments, which he might otherwise be tempted to do, under the impression that he had met with a case of diffused cellular suppuration. He has never seen the slightest benefit from such a proceeding, and when it has been practised, the cellular tissue, instead of containing pus, has been found to be infiltrated with dirty looking serous fluid. The only treatment which can be relied upon is that of the preventive kind, and which consists in the application of relays of a small number of leeches;

but this must be instituted before the inflammation is fairly estalished, or the patient will, according to Dr. Corrigan, be inevitably lost.

In an epidemic of scarlatina which occurred in South Carolina, Dr. Irwin made a very extensive trial of the prophylactic properties of belladonna. Three grains of the extract were dissolved in one ounce of cinnamon water, and two or three drops of the solution were given, morning and night, to a child under one year old, and one drop more for every year above that age. Of two hundred and fifty children who took the belladonna, less than half a dozen had the disease, and but very mildly. After eight or ten days use of the medicine, there occurred an eruption over most of the surface, in some cases profuse, and troublesome from itching. Those families which did not take the preparation, had the disease with scarce an exception. A remarkable instance is given. A poor woman, with a family of sixteen children, used it carefully according to directions, and it is notorious that her family alone escaped when hundreds were attacked. Dr. M'Kee, in the extension of the same epidemic, exhibited belladonna, and observed it to exert the same protective powers.

The Journal de Médicine, for January and February, 1845, contains an elaborate article by M. A. Delpech on an epidemic of varicella, observed at the Hôpital Necher, in the year 1844. The epidemic lasted three or four months, and was confined to the patients of one ward, peopled by infants and very young children. The following analysis, of the more important portions of M. Delpech's essay will convey a correct idea of the epidemic, and of the pathological views which the author advocates.

There were no prodromes, properly speaking; the appearance of the vesicular eruption being merely accompanied, or preceded by a slight fever, heat of skin, nausea or vomiting. During the course of the disease, fresh eruptions would take place, each being accompanied by a renewal of the same general symptoms. The fluid of the vesicles first became lactescent, and then dried, passing through these periods in from three to seven days. The disease, itself, however, often lasted much longer, owing to successive eruptions taking place. On many of the patients, instead of vesicles, there were pemphigoid bullæ, or the latter appeared simultaneously with the former. Not unfrequently, when the vesicles had arrived at the period of dessication, the crust remained moist, and the skin continued to secrete pus. The pemphigoid varicellæ were those which most frequently gave rise to the unfavourable occurrence. The presence of the bullæ seemed to indicate a deeper and more chronic inflammation of the skin; the pus secreted was generally serous. The suppurative diathesis which seemed to exist in these cases can scarcely, however, be considered the legitimate sequela of varicella.

The prognosis of varicella may be always favourable, as it is al-

ways a very benign disease; indeed, it has perhaps never been fatal of itself. It may, however, be associated with various eruptions; and then the state of the patient sometimes proves alarming. On the other hand, a child, whilst labouring under varicella, may be attacked with other severe disease, and thus be placed in a critical position. Thus M. Delpech mentions having seen a child subject to convulsions, die from an attack which occurred whilst it was affected with single varicella. In so mild a disease, there is, of course, but little treatment required. In the great majority of cases, hygienic means alone are necessary in its treatment or rather, to prevent its progress from being intempestively arrested. Nearly the only medicinal agent indicated, is a mild purgative towards the end of the disease; this modifies favourably the purulent predisposition; when the latter exists, in addition to the use of mild purgatives, topical applications will be found of use, such as an ointment composed of calomel, one part; lard, ten parts; or sulphur, or corrosive sublimate baths.

M. Delpech appears to think that the epidemic originated spontaneously at the Hospital, but that it extended itself in the ward by contagion—the other and adjoining wards were completely free from the disease. Nevertheless he was not able to propagate the disease by inoculation. M. Delpech is the more inclined to attribute the propagation of the disease to contagion, from the circumstance of the children in the ward being attacked in groups, as if they had been exposed to the cause of the disease at the same epoch, although the length of their residence in the hospital varied. After a careful and elaborate comparative analysis of the epochs at which the attack occurred, and of all the data of these attacks, M. Delpech thinks he is warranted in concluding that the disease is transmitted anteriorly to the fifth day of invasion, and probably between the third and fifth. He also thinks that the incubation of varicella may be fixed at about 12 days.

M. Delpech concludes his essay by a parallel between varicella and variola. He shows that the origin of varicella is much more recent than that of variola, and reminds his readers that, as long as variola was observed in its primitive intensity, unmodified by innoculation or vaccination, no author thought of confounding the two diseases. Vidus Vidius, the first who gave a good account of varicella, expressly states that it is a different disease to variola or rubeola, as the following sentence proves—Quam obrem non videntur tanquam tertia species morbillis et variolis hæ pustulæ adjiciendæ, sed satis est si ad phlyctenas referantur. Varicella has been erroneously confounded with variola by some modern authors, owing principally to the circumstance of the two diseases being occasionally met with at the same time, on the same individual, the one not excluding the other. The seperate individuality of varicella, however, is proved,—by its existing in an isolated state, free from all vario-

lus complication, both sporadically and epidemically—by the age of those whom it attacks, nearly exclusively children—by the imperfect indifference with which it attacks all individuals, whether vaccinated or not, whether they have had variola or not, even when labouring under varioloid disease, or when recently convalescent from it—the complete absence of all modification in the manifestations of the affection in those who are or have been under the influence of variolus affections—the absence of all immunity conferred by varicella from variola or cow-pox—the possible combination and simultaneous development of varicella and variola—the impossibility of variola transmitting or giving rise to varicella, or of varicella transmitting or giving rise to variola—the doubtful possibility of transmitting varicella by innoculation, notwithstanding the experiments of Willan, which have been disproved by all subsequent experimentalists—and, lastly, the decided and constant difference in the form and symptoms of the two diseases.

Dr. Osbrey, (*Gaz. Med. di Milano*) relates two cases of gangrenous inflammation of the vacine vescicle coming on about the twelfth day, and proving perilous, though not fatal to two children, one of 18 months, and the other of five years of age. In one of the cases, in addition to the local gangrene, sloughing of the mucous membrane of the mouth occurred, attended with hemorrhage from it. Recovery was slow in both instances. No cause could be assigned for the occurrence, as the previous health of both children had been good. Dr Osbrey quotes Dr. Sabatt, as mentioning this accident, but is apparently unacquainted with other instances of the occurrence of erysipelas after vacination. F. De Wuerst, in his Dissertation De Erysipelate Neonatorum post Vaccinationem, published at Dorpat, in 1835, mentions 20 cases, and gives references to several recorded by different writers. In none of Wuerst's cases, however, did gangrene occur, the children dying as from ordinary erysipelas. (West's Report, for 1844–45.) We have seen many cases of erysipelas occurring after vaccination, none, however, terminating fatally.

Dr. Wood, related to the College, a case of vaccination in which the infection was accompanied by certain anomalous appearances.

The case was that of a lady whom he had recently vaccinated, and in which a vesicle and areola formed as usual. The inflammation extended itself, however, along the absorbents of the arm, in the course of which there occurred several areola, equally distinct with the first, each being about an inch and a quarter in diameter, and which faded with the areola surrounding the primary vesicle.

Dr. Wood, remarked, that the phenomenon noticed in this case was novel to him, and desired to be informed by the Fellows present, whether any such had occurred within their observation.

Several of the Fellows replied that nothing of the kind has fallen under their notice.

Stated Meeting, July 7th, 1846.

Dr. Hewson, President, in the Chair.

Present, twenty-four members.

The Library Committee presented their annual report as follows:

The Library Committee, in conjunction with the sub-committee appointed to assist them in their labours, have had all the volumes belonging to the Library new labelled and numbered, and recorded numerically, by their titles, in a book prepared for that purpose; they have, also, prepared an alphabetical catalogue, by which any work in the Library may be readily referred to, by knowing the author's name.

The Library is now in good condition with the exception of a few volumes which will, in a short time, require re-binding.

Considerable additions have been made to the Library during the past year by donations, &c.

The following volumes are missing:—

The 5th vol. of Sennerti Opera, No. 12. F.

The 2d part vol. of 18, and vol. 19 of the Medico-Chirurgical Transactions of London, No. 42. O.

The 15th 24th & 27th vols. Commentarii de Rebus, No. 49. O.

The 2nd vol. of Inaugural Dissertations, No. 138. O.

Drs. Moore and Coates tendered their resignation as members of the Library Committee, which was accepted, and the President appointed Drs. Pepper and Reese to supply the vacancy thus occasioned.

The College proceeded, in obedience to the requirements of the charter to an election for officers to serve for the ensuing twelve months, when the following were elected:

President,
THOMAS T. HEWSON, M. D.

Vice President,
GEORGE B. WOOD, M. D.

Censors,
J. Wilson Moore, M. D.
Henry Bond, M. D.
Charles D. Meigs, M. D.
Samuel Jackson, M. D.

Secretary,
D. Francis Condie, M. D.

Treasurer,
J. Rodman Paul, M. D.

Dr. Moore, presented as a donation to the Library the following works:

Boerhaave's Method of Studying Physick. 8vo.
Boerhaave's Elements of Chemistry. 4to.
Barton's Medical and Physical Journal. 2 vols. 8vo.
Colles' Anatomy. 8vo.
Cooke's Marrow of Chemistry. 8vo.
Eclectic Repertory. 2 vols. 8vo.
Heister's Surgery. 4to.
Holland's Collections on Small-pox. 8vo.
Le Dran's Surgery. 2 vols. 8vo.
Medical Lyceum. 8vo.
Perfect's Cases of Insanity. 8vo.
Turner's Surgery. 8vo.

The Library Committee reported that they have received from The Sydenham Society of London, Hasse's Pathological Anatomy. 8vo.

On Motion of Dr. Condie, it was resolved that the President have copied in a suitable book, for the use of the College, the series of Meteorological tables, as far back as they can be obtained, the Annual Summaries of these tables to be prepared expressly for publication in the Transactions of the College.

A conversation took place in relation to the question, whether a physician who is called upon to attend the patient of a brother practitioner, in a case of emergency, or in the temporary absence or indisposition of the latter, was in any instance to receive the fees for such attendance. There appearing to be some diversity of opinion among the Fellows present, on this point, on motion of Dr. Bond, it was Resolved, that a committee of three be appointed, with instructions to consider the subject of charges for professional services rendered under the circumstances set forth in Chapter X, Section II, Paragraphs 10 and 11 of the By-Laws, and to report, should they deem the same necessary, the rule to be observed in such cases.

Stated Meeting, August 4th, 1846.

Dr. Shallcross, in the chair.

Present, twelve members.

John Neill, M. D. and
Henry Gibbons, M. D. were elected Fellows, and
J. C. Warren, M. D. of Boston Mass. and
Samuel D. Gross, M. D. of Louisville, Kentucky, were elected Associates.

Dr. Coates, presented to the Library a copy of the Rules and Regulations of the Boston Medical Association.

A conversation took place in regard to the legal right of physicians to charge for making post mortem examinations in cases under investigation by the Coroner.

It was admitted that the charge for services rendered in such cases, had been fully recognised by the profession in Philadelphia and Boston, by the insertion of the amount to be demanded in their fee bills, and it was believed that the charge would also be recognised by our courts. In the case of Dr. Atlee, the legality of the charge had been admitted by the Judges of the Court in Lancaster county, and the Doctor was acquainted with an instance, in which another physician, in the same county, had recovered his fee by legal process.

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